

Criminal History Check – Employee Declaration

Background

The use of information associated with criminal history checks is covered by the confidentiality provisions of section 172 of the *Public Service Act 2008* (the Act), *Information Privacy Act 2009* and *Information Privacy Guidelines*.

Under section 181 of the Act, at commencement of and at all times during employment, employees are required to give notice of any charge or conviction for an indictable offence. The Act also requires prosecuting authorities to notify the department's chief executive if a public service employee is charged with a relevant offence.

Employee Declaration

- I acknowledge that my employment with Queensland Health (the Department of Health or a Hospital and Health Service), is subject to a successful criminal history check outcome.
- Failure to fulfil my pre-employment screening responsibilities or possessing a past conviction/s that is considered relevant to the inherent requirements of the position I am engaged in, may result in early termination of my contract of employment.
- I understand that the disclosure of any criminal history below may, but will not necessarily, preclude me from appointment.
- I understand any disclosable outcomes identified as a result of my formal criminal history checks will be confidentially assessed in accordance with relevant directives and policies to determine suitability for engagement to perform the relevant duties.
- I do / do not have any convictions which were imposed as an adult and which are less than 10 years old?
- I do / do not have any convictions which were imposed as a juvenile and which are less than 5 years old?
- I do/do not have any convictions which are over 10 years old (or 5 years for juvenile convictions), where the sentence imposed was greater than 30 months imprisonment?

If you have received any convictions as outlined above, please list the offence, date of conviction, and sentence received for each offence (add additional sheet if required)

Offence details	Date of offence	Date of conviction	Outcome of sentence

I,, declare that the above information is true and correct to the best of my knowledge and belief.

.....
(Signature)

.....
(Date)



Privacy Notice

Personal information collected by the Department of Health or a Hospital and Health Service (a health agency) is handled in accordance with the *Information Privacy Act 2009*. The personal information provided by you will be securely stored and made available only to appropriately authorised officers of the health agency (or its agents). Personal information recorded on this form will not be disclosed to other parties without your consent, unless required by law.

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**Queensland
Government**