

REGISTRATION ON DEPARTURE

Application form

CONTACT DETAILS

First Name _____ Last Name _____

Date of Birth _____

Address _____

Personal Email _____

Mobile Number _____

VICTORIA POLICE SERVICE

Date Appointed _____ Departure Date _____

Registered No. _____ Employee No. _____

Substantive Rank _____

Gazetted Location _____

REFEREES

Please provide details of your two most recent supervisors

1. Name _____ Station _____

Phone No. _____ Email address _____

2. Name _____ Station _____

Phone No. _____ Email address _____

CHARACTER AND REPUTATION

1. Are you under investigation or subject of an allegation or complaint for a breach of discipline, misconduct or criminal conduct? ☐ No ☐ Yes*

2. Is there any additional information that has bearing on your character and ☐ No ☐ Yes*

**If "yes" to either of the above questions declare all relevant information using a statutory declaration form (VP Form 755 or via justice.vic.gov.au).*

ACTIONS (TICK)

- ☐ I have sent a reference request to two supervisors.
- ☐ I have attached a copy of my driver licence.
- ☐ I have attached a Statutory Declaration in relation to my character and reputation (if required).

CONSENT (TICK) See the PRSB Privacy Statement www.prsb.vic.gov.au/privacy

- ☐ I consent to the PRSB sharing my information with Victoria Police for the purpose of registration.
- ☐ I consent to the PRSB obtaining information from Victoria Police including references and background checks.
- ☐ I consent to the PRSB making further enquiries and/or obtaining information from Victoria Police and/or other third parties for the purpose of registration.

Statutory Declaration

I _____
[Full name and occupation]

Of

[Residential address]

do solemnly and sincerely declare that my answers are true and correct and my documents accurate and authentic.

Declared at, _____ On this _____
[place] [date]

I acknowledge that this declaration is true and correct, and I make it with the understanding and belief that a person who makes a false declaration is liable to the penalties of perjury.

Signature of applicant _____

The authorised witness must print or stamp his or her name, address and title under s. 4(3)(e) of the Oaths and Affirmations Act 2018

Before me, _____
[signature of authorised witness]

Name _____ Title _____

Address _____