



TASMANIA POLICE

**APPLICATION TO UNDERTAKE
EXAMINATION FOR APPOINTMENT**

Surname:	Given Names:
Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Age:	Place of Birth:
Date of Birth:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Home Telephone No:	Mobile No.:
Work Telephone No:	Email Address:
Residential Address: Postcode	Internet site/web page i.e. facebook, myspace: (provide details)
Postal Address: Postcode.....	
Have you ever been known by or used any other name? Yes <input type="checkbox"/> No <input type="checkbox"/> - If 'Yes' Please provide details.	
Maiden Name <input type="checkbox"/> Previously Married <input type="checkbox"/> Previous Deed Poll <input type="checkbox"/> Other Name Change <input type="checkbox"/>	
Current Occupation/Education:	Current Employer/Educational Facility: Name: Address:

OFFICE USE ONLY Application Received / /	APPLICATION NO. <div style="border: 1px solid black; width: 100px; height: 40px; margin: 0 auto;"></div>
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PERSONAL INFORMATION FORM

PERSONAL INFORMATION PROTECTION
Department of Police and Emergency Management
Recruiting Services
47 Liverpool Street
HOBART TAS 7000
Tel: 1800 628 680 Fax: 03 62302845
E-Mail: recruiting@police.tas.gov.au
Website: www.police.tas.gov.au

I, of
(Print full name) (Print address)

have applied to be appointed as a Trainee in the Tasmania Police Service.

To facilitate the determination of my application, I authorise Tasmania Police to make all such inquiries as are deemed necessary to ascertain whether I am a suitable person to be appointed to the Tasmania Police Service.

I authorise Tasmania Police to disclose personal information about me to any person or body (whether in or outside of Tasmania) to enable my application to be assessed.

I authorise any person or body to disclose to Tasmania Police any personal information and/or documentation concerning me which is sought by Tasmania Police in connection with my application.

I acknowledge that any personal information which is collected from or about me pursuant to this authority:

- (i) Will be used for the purpose of determining my suitability for appointment to the Tasmania Police Service; and
- (ii) May be used for any other purpose authorised or required by law.

I acknowledge that my 'basic personal information':

- (i) Will be managed in accordance with the *Personal Information Protection Act 2004*; and
- (ii) May be accessed by me upon written request to the Commissioner of Police.

SIGNED: DATE:

DATE OF BIRTH: / / PLACE OF BIRTH:

SIGNATURE OF WITNESS:

FULL NAME OF WITNESS (PRINTED):

PERSONAL DETAILS:

Failure to answer all questions truthfully may result in the application being terminated.

1.	What is your highest level of Education?	Y10 <input type="checkbox"/> Y11 <input type="checkbox"/> Y12 <input type="checkbox"/> Y13 <input type="checkbox"/> TAFE <input type="checkbox"/> Uni <input type="checkbox"/> Polytechnic/TAFE <input type="checkbox"/> Other	Please attach a certified copy of you most recent academic results.
2.	Do you hold a current manual Drivers Licence? <i>(Provisional Licence acceptable)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Licence No:
3.	Are you of Aboriginal or Torres Strait Islander origin?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/>
4.	Have you ever lived in another State of Australia?	Yes <input type="checkbox"/> No <input type="checkbox"/>	VIC <input type="checkbox"/> NSW <input type="checkbox"/> ACT <input type="checkbox"/> QLD <input type="checkbox"/> SA <input type="checkbox"/> WA <input type="checkbox"/> NT <input type="checkbox"/>
5.	Have you ever held or do you currently hold a Drivers Licence in another State of Australia?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Licence No(s):
6.	If you were born overseas do you hold a certificate of Australian Citizenship or Permanent Residency?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If 'Yes' in which Country were born and date of arrival in Australia?
7.	Have you ever been a member or made application to any police, military or other emergency service?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Service: Application only <input type="checkbox"/> or Service Member <input type="checkbox"/>

COURT APPEARANCES, CONVICTIONS AND GENERAL CONDUCT

All prospective trainees must be of good character and possess a high level of integrity. In order to assess applicant character and integrity you must answer the following questions. Responses found to be incorrect or misleading may result in the application being terminated.

(Please ✓ 'Yes' or 'No')

1.	Have you ever received any type of infringement notice or 'on the spot' fine?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	Have you ever been proceeded against for any crime or offence? <i>(i.e. Summoned to appear in Court for a crime or offence that you committed).</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	Have you ever been summonsed or directed (as the respondent, defendant or applicant) to appear in any civil or criminal court?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.	Have you ever been involved in any civil court proceedings?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.	Have you ever been an applicant or respondent in relation to an Interim Restraint Order/Restraint Order, Interim Family Violence Order/ Family Violence Order or Police Family Violence Order?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6.	Have you ever been cautioned by any law enforcement officer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7.	Have you ever been involved in proceedings as a juvenile for an offence or crime committed by you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8.	Do you currently have any matters before any court?	Yes <input type="checkbox"/> No <input type="checkbox"/>
9.	Is there any matter which you have been involved in, in any way, which is due to come before any court in the future?	Yes <input type="checkbox"/> No <input type="checkbox"/>
10.	Have you ever had a driver's licence suspended or cancelled?	Yes <input type="checkbox"/> No <input type="checkbox"/>
11.	Have you ever appeared before any military tribunal, court or disciplinary hearing of any type?	Yes <input type="checkbox"/> No <input type="checkbox"/>
12.	Have you ever been officially disciplined or subject to an internal investigation in any military service?	Yes <input type="checkbox"/> No <input type="checkbox"/>
13.	Have you ever been officially disciplined or subject to an internal investigation in any police or emergency service?	Yes <input type="checkbox"/> No <input type="checkbox"/>
14.	Have you ever been declared bankrupt?	Yes <input type="checkbox"/> No <input type="checkbox"/>
15.	Have you ever suffered or are you likely to suffer financial hardship in the immediate future?	Yes <input type="checkbox"/> No <input type="checkbox"/>

MEDICAL QUESTIONNAIRE

Please answer all questions. Failure to disclose information may result in the application being terminated.

(Please ✓ 'Yes' or 'No')

1.	Have you ever experienced any skin complaints or irritations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.	Have you ever been diagnosed with epilepsy or experienced a fit or seizure?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.	Have you ever experienced black outs or fainting?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.	Do you suffer persistent headaches or migraine?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.	Have you ever been diagnosed with asthma?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.	Do you suffer any type of allergy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7.	Have you ever used an inhaler for shortness of breath?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8.	Do you suffer from Diabetes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8.	Have you ever experienced high or low blood pressure?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9.	Have you ever experienced heart palpitations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10.	Have you ever been diagnosed with heart murmur?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11.	Have you ever been referred to an Optometrist or Ophthalmologist?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12.	Do you wear prescription glasses or contact lenses?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13.	Are you colour blind to any degree?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
14.	Have you ever been referred to an Audiologist?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
15.	Do you require or wear hearing aids?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
16.	Have you ever had any problems with your hands, feet, back or joints?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
17.	Have you ever suffered shin splints?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
18.	Are you required to wear orthotics?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
19.	Have you ever had surgery for any condition?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
20.	Have you ever been diagnosed with any neurological condition?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
21.	Are you currently or have you previously been prescribed medication or other treatment for a psychiatric or emotional condition?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
22.	Have you ever consulted a psychiatrist or psychologist?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
23.	Have you ever attempted self harm?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
24.	Have you ever attempted suicide?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
25.	Have you ever taken a drug overdose?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
26.	Are you currently being treated for any medical injury, illness or disease?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
27.	Are you currently taking any medications prescribed by a doctor?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
28.	Are you currently taking any non prescription medications?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
29.	Have you ever been diagnosed with Hepatitis, HIV or AIDS?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
30.	Have you ever been diagnosed with Cancer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
31.	Have you ever claimed Workers Compensation for any injuries?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
32.	Do you know of any circumstances or conditions regarding your health and fitness that may cause difficulty in a physical fitness training environment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
33.	Have you ever been a member of any Defence or Police Service?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
34.	Have you ever served an overseas deployment with any Defence or Police Service?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

INFORMATION REGARDING THE EXAMINATION FOR APPOINTMENT

Before submitting your application please remove this page and retain it for your information.

Prospective applicants will be invited to attend the Examination for Appointment. Applicants who successfully pass the examination will be forwarded a further documentation for progression to the next stage of the process.

The Examination consists of two parts:

PART 1

Spelling, Word Usage and Punctuation

The test consists of three passages in which errors are to be identified and corrected. The first passage requires spelling mistakes to be corrected. The second requires identification and correction of words which are correctly spelt, but have an incorrect spelling for the meaning of the passage, e.g. their/there. The third requires correct punctuation to be provided. Time allowed is 25 minutes (excluding instructions).

Applicants should note that a high number of exam participants fail in this area and applicants should consider tuition if they are not strong in spelling, word usage and punctuation.

Exercise One - Spelling

In this test, you are to identify words that are incorrectly spelled. Circle any misspelled words and write the correct version in the box on the right-hand side of the page immediately opposite the error.

Sample

The inspector entered the building
cautiously because he had been informed
that the fugative was inside.

inspector
fugitive

Exercise Two - Word usage

In this test, you are to identify words that are incorrectly spelled. They may sound the same as the correct word, but they have been misspelled and therefore have an incorrect meaning in the context in which they have been used. Circle any misspelled words and write the correct version in the box on the right-hand side of the page immediately opposite the error.

Sample

The car finished forth in the race butt was
disqualified when it was discovered that it
had not been threw all the checkpoints.

fourth, but
through

Exercise Three - Punctuation

In this test, you are to correctly punctuate a passage of writing. Here is a sample exercise to show you how the test should be done.

Sample

Uncorrected

the constable saw a teenage boy lurking near a car at eastlands shopping centre what are you doing queried the officer ive lost my car keys I cant see them anywhere replied the youth

Corrected

The constable saw a teenage boy lurking near a car at Eastlands Shopping Centre. "What are you doing?" queried the officer. "I've lost my car keys. I can't see them anywhere," replied the youth.

PART 2

Job Suitability Test

Applicants will be required to undertake a number of written tests / questionnaires to determine their suitability for the role of a police officer. Research has shown that there are certain character traits associated with the successful performance of police duties and this testing is designed to evaluate how closely each applicant matches this profile. Some applicants will match the profile more closely than others. **Tasmania Police does not wish to place applicants in a role in which they may be unsuccessful or have difficulties managing the stress of the job.**

The profiling session lasts for a maximum of four hours but applicants may finish in less time. The tests are forwarded to the Australian Institute of Forensic Psychology for assessment. Some applicants request feedback on the results of their profiling, however, feedback would not alter the test results and subsequent recommendations. Therefore, feedback is **not** available and applicants are required to sign a document to that effect at the time of the test.

If the test is evaluated as suitable for progression to the next stage, the applicant **may** be invited to undertake the Assessment Day activities at the Tasmania Police Academy.

Please return your completed application either by post to:

Recruiting Services, GPO Box 308, HOBART TAS 7001

Or hand deliver to:

Recruiting Services, 47 Liverpool Street, HOBART TAS 7000