

# BE BOLD

## BUILD SAFER COMMUNITIES



Date:

DD / MM / YYYY

## IPROWD Application form

The Indigenous Police Recruitment Our Way Delivery Program supports Aboriginal and/or Torres Strait Islander people gaining a career in the NSW Police Force or other Justice and Emergency Services.

### 1. APPLICANT DETAILS:

Are you Aboriginal and /or Torres Strait islander descent, and self-identify and be accepted or known by your community. (Proof of Aboriginal/Torres Strait Islander may be requested) Yes

Mr Mrs Miss

Family name:

Middle name:

First name:

Date of birth:

Have you ever used or been known by any other name? Yes No If yes, other name:

Home phone:

Work phone:

Mobile:

Email:

Address:

Suburb:

State:

Postcode:

How long have you lived at this address?

### 2. NSW POLICE CRIMINAL CHECK SCREENING

All applicants must pass a basic screening by the NSW Police Force.

I give authority to the NSW Police Force to access my records by the COPS (Computer Operational Policing System) to check that I do not have a criminal history or a severe driving record. (If No, you will not be accepted to the IPROWD program)

Yes No

Do you have a drivers licence? Yes No

If yes, licence number:

State:

### 3. EMPLOYMENT HISTORY

| Employer name | Phone | Length of employment |
|---------------|-------|----------------------|
|               |       |                      |
|               |       |                      |

Employment referee name:

Phone:

Character referee name:

Phone:



[www.tafensw.edu.au/iprowd](http://www.tafensw.edu.au/iprowd)

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RECRUITMENT OUR WAY  
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## 4. EDUCATION AND TRAINING HISTORY

List any qualifications/courses you have completed

| Qualification | Training Provider | Date |
|---------------|-------------------|------|
|               |                   |      |
|               |                   |      |

## 5. MEDICAL INFORMATION

Are you medically and physically fit?

Yes      No

You MUST undertake a Fitness Program as part of IPROWD to increase your physical fitness.

Are you prepared to do so?

Yes      No

## 6. OTHER INFORMATION

At what location would you be likely to undertake the IPROWD

How did you find out about the IPROWD Program?

- |           |        |            |                     |       |
|-----------|--------|------------|---------------------|-------|
| Newspaper | Radio  | Community  | Information session | ACLOs |
| Website   | School | Job Active | Other...            |       |

Signature:

Date:

Submit this form direct to [IPROWD@tafensw.edu.au](mailto:IPROWD@tafensw.edu.au)  
 or call **1300 832 393** if you require additional assistance



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