**Please read the following instructions prior to completing this form.**

**What this form is for?**

This form is to be used by members and former members of the AFP, or their next of kin, advocate or other third party to request information held by the AFP. All fields must be completed. Incomplete forms will not be actioned.

**Please note**: No information will be provided to anyone other than the member or former member unless written authorisation has been provided by that person. If that person is deceased, proof of death and proof of relationship must be provided, including identity documents.

**Proof of identification of the requester**

Identification of the requester **must** be provided. Acceptable forms of identification include one of the following:

* an email from the requester’s official AFP email address
* a copy of an official identity document which includes a signature or signature and photo. For example, a passport, driver’s licence, pension card, tertiary institution ID card. **Do not** provide credit card information as a form of identification.

**Proof of relationship**

For anyone other than the member or former member, proof of relationship must be established through documents such as:

* marriage certificate
* birth certificate
* death certificate
* power of attorney, or
* statutory declaration.

**Proof of name change**

Where necessary, proof of name change is required to establish proof of identification and/or proof of relationship. For example, marriage certificate, deed poll, etc.

**Timeframes for completion**

Completion of requests for information vary depending on their complexity. It may take up to up to 3 months. If you have an urgent requirement to access records specify this on the request form.

**How will records be provided**

By completing this form, the member or former member consents to having their personnel records copied and sent to themselves. Records will be sent by email or mail to the address nominated on the form.

**Submission of this form**

Send the completed form plus identity documents via email to PeopleCentre@afp.gov.au.

Alternatively, you can send the completed form and identity documents by mail to:

People Centre

Australian Federal Police

GPO Box 401

Canberra ACT 2601

Please read the instructions prior to completing this form. Requests cannot be actioned until identification and proof of relationship have been provided. All fields must be completed. Incomplete forms will not be actioned.

|  |
| --- |
| **Member/Former member details** |
| Surname       | Given names       | AFP number       |
| date of birth      /      /      | Former surnames (if applicable)       |
| date ceased employment (if applicable)      /      /      | date of death (if applicable)      /      /      |

|  |
| --- |
| **Applicant/Advocate/Third party details (if not the member/ex-member)** |
| Name       | Relationship to the member/ex-member)       |

|  |  |
| --- | --- |
| **Contact details – Applicant** | **Contact Details – Member/Former member** (if not the applicant) |
| unit/number |       | unit/number |       |
| street |       | street |       |
| city |       | city |       |
| state & postcode |       | state & postcode |       |
| e-mail address |       | e-mail address |       |
| phone |       | phone |       |

|  |
| --- |
| **Records requested** *Please tick the relevant boxes* |
| [ ]  Commencement paperwork | [ ]  PDA information |
| [ ]  Copy of letter of offer | [ ]  Assignments of duties (SAP) |
| [ ]  Instrument of Engagement | [ ]  leave records (sap) |

|  |
| --- |
| **Authorisation** |
| Member/Ex-member Signature  / / DATE (xx/yy/zzzz)  | (if applicable – please tick)I, the member/Former member authorise the person listed above to receive the records I am requesting | [ ]   |
| Applicant/Advocate/Third Party Signature  / / DATE (xx/yy/zzzz)  |

**AFP to complete**

Date copy released: \_\_/\_\_/\_\_\_\_

[ ]  Emailed [ ]  Posted Actioned by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 name signature