

OFFICIAL: Sensitive (from first entry)

**Justice and Community Safety Directorate**

**Security and Emergency Management**

**Security Clearance Request and Transfer Form**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Personal details** | | | | | | | | | | |
| Title | | | Ms | Mrs | | Mr | | Other: | | |
| Given name/s | | |  | | | | | | | |
| Surname | | |  | | | | | | | |
| Previous name/s | | |  | | | | | | | |
| Date of Birth | | |  | | | | | | | |
| Police check completed? | | | Yes | | | | No | | | |
| Is a citizenship or checkable background waiver required? | | | Yes | | No | | | | | Unsure |
| AGS staff number | | |  | | | | | | | |
| Current security clearance? | | | Yes. Level (if known): | | No | | | | | CSID (if known): |
| Contact details | Work address:  Work phone:  Mobile:  Email: | |  | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| Sponsoring directorate/agency/company | | |  | | | | | | | |
| **Position details** | | | | | | | | | | |
| Position title | | |  | | | | | | | |
| Position number | | |  | | | | | | | |
| Security clearance level required | | | Baseline | | NV1 | | | | NV2 – contact SEMD | |
| Eligibility assessment completed | | | Yes. Date: | | No | | | | Pending | |
| Is this a Position of Trust or a Designated Security Assessed Position? | | | Position of Trust | | | | Designated Security  Assessed Position | | | |
| Committee membership requiring clearance | | | Yes. Committee: | | | | | | | No |
| Is this an Executive Position? | | | Director General | | Deputy Director General | | | | | Other: |
| Other information | | |  | | | | | | | |
| Position manager | | |  | | | | | | | |
| Date requested | | |  | | | | | | | |
| Name of Agency Security Advisor | | |  | | | | | | | |
| **Billing information – ACT Government** | | | | | | | | | | |
| Financial approver  (Journal or APIAS approver) | | Name:  Email:  Phone number: |  | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| Business Unit | | |  | | | | | | | |
| Cost code | | |  | | | | | | | |
| Project code (if applicable) | | |  | | | | | | | |
| **Billing information – external agency/company** | | | | | | | | | | |
| Company name and ABN | | |  | | | | | | | |
| Postal address | | |  | | | | | | | |
| Business address | | |  | | | | | | | |
| Financial approver | | Name:  Email:  Phone number: |  | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |

ASA must submit completed form to JACS Security and Emergency Management Division ([securityclearances@act.gov.au](mailto:securityclearances@act.gov.au))

ASA should retain a copy of the position description for reference with each request