

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)

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