

OFFICIAL: Sensitive (once completed)

**Justice and Community Safety Directorate**

**Security and Emergency Management**

**Declaration of Secrecy – Temporary Access**

This form must be completed by personnel
receiving temporary access to security classified information.

Send to: JACS Security and Emergency Management Division
Email: secrurityclearances@act.gov.au

# Conditions of temporary access

All official information obtained in the course of a temporary access arrangement is government property and must not be published or communicated to another person in any form either during or at any point after the period of temporary access, unless that disclosure is for an official purpose.

Access to security classified information is subject to the terms of the ACT Government *Security Clearance Policy*, and access to security classified material must be supervised by personnel who hold the requisite level of security clearance to access the material.

Section 1 – Personal Details

|  |  |  |  |
| --- | --- | --- | --- |
| Family name\*  |       | Title |       |
| Given names\*  |       |
| AGS Number  |       |
| Work Phone\* |       | Mobile Phone |       |
| Work E-mail\*  |       |

Section 2 – Declaration

I hereby acknowledge and declare that I have been made aware of the laws of the Commonwealth relating to official secrecy, and that I understand the consequences which may follow a breach by me of those laws. I understand that:

1. The laws under the *Crimes Act 1914, Criminal Code* and other relevant legislation, may continue to apply after my employment or association with the ACT Government and the Commonwealth has ceased whether permanently or otherwise; and
2. Information I acquire or I access because of my employment or association with the ACT Government and the Commonwealth is information which is covered by that legislation and is not to be published or communicated in any form.

I hereby certify that every sketch, plan, photograph, model, note, document or article which I have no right to retain, or which it is contrary to my legal obligations to retain, will be returned to my supervisor or a staff member of the JACS Security and Emergency Management Division authorised to receive the same.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature\* |  | Date\* |       |

Section 3 – Witnessed

|  |  |  |  |
| --- | --- | --- | --- |
| Family name\*  |        | Title |       |
| Given names\*  |       |
| Signature\* |  | Date\* |       |