



VICTORIA POLICE

VOLUNTARY DISCLOSURE FORM

Do you have a current application: No Yes App ID: Police PSO PCO

PERSONAL DETAILS: Gender: **Man** **Woman** **Self Described**

Surname / Family Name: **Given Names:** **Date of Birth:**

Any previous Surname/s: **Previous Given Names / Alias:**

Home Address: **Suburb** **State:**

Driver's Licence Number: **State of Issue:**

Email address: **Mobile Phone Number :** **Occupation:**

DRIVING CHARGES / COURT MATTERS / POLICE INVOLVEMENT

Details / Date / Location:	Offence Type / Penalty: (if applicable)	Circumstances / Explanation:

ADDITIONAL DETAILS:

Please add any other details you feel may assist in your assessment such as:

- Bankruptcy (Voluntary or otherwise)
- Payment plans
- Outstanding fines
- Intervention Order(s)
- Illicit drug use
(disclose full details including type of drug used, circumstances of use, frequency of use and date of last use)

NAME: DATE:

Please save this form to your desktop prior to emailing as an attachment to: recruitment-vdf-mgr@police.vic.gov.au

Recruiting Services Branch Triage - (Office Use Only)