

<https://ocg.nsw.gov.au/working-children-check>

このリンクへ入り、Apply for your check からスタート

1 Personal details

Mr

男性はMr
女性はMs でOK

First given name *
Daichi

No first given name

Other given names *

No other given names

ミドルネームはない人がほとんどだと思しますので、ここに☑を入れるのを忘れずに

Family name *
Fujisawa

Single name only

Gender *

Female

Male

Other

Birth details *

Date of birth *

Birth detailsなので、生まれた場所を入力します。
つまり日本で生まれた場所ですね。
Townは市町村、State/Territoryへ都道府県を入力すればOKです。

Town

Japan



State / Territory

Do you identify as being Aboriginal and/or Torres Strait Islander? *

- No
- Aboriginal
- Torres Strait Islander
- Both (Aboriginal and Torres Strait Islander)
- Prefer not to answer

ここは「NO」を選びます。

NEXT

2 Contact details

At least one contact phone number and an email address is required for notification purposes



Mobile phone

Australian only



Home phone

Include area code



Business phone

Include area code



Email address *



Confirm Email address *



Residential address * ここは今住んでいる住所

Street address *

Suburb / Town *

State *



Postcode *



Postal address *

Same as above

ここは手紙を受け取れる住所。上の住所と同じなら「Same as above」に☑だけでOK

Street address *

Suburb / Town *

State *



Postcode *

PREVIOUS

NEXT

3

Previous names and aliases

結婚などで名前が過去に変わってれば、Yesを選び、次に出てくる欄へ過去のお名前の情報を入力します。特になければNO

Have you ever changed your name or used a different name? *

- Yes
 No

PREVIOUS

NEXT

4

Purpose of check

Check purpose *

- Paid employee お給料をもらっているならここ
 Self employed 自分でビジネスをしているならここ
 Volunteer, authorised carer, adult household member, student on a professional placement, prospective adoptive parent ボランティアやその他はここ

Child related sector * 自分のかかわっている仕事にいちばん近いカテゴリーを選択

--Select--

PREVIOUS

NEXT

5

Identity documents

ほとんどの方が下記のようになります。

Proof of identity requirements & Documents using a former name? Click here

Reference Numbers come from the document (eg: Passport, Birth Certificate, Medicare Card, Customer number etc)

Commencement of Identity Document *

Australian visa

Reference number

Grant NumberでOK

Primary Use in Community Document *

Overseas passport

Reference number

パスポート番号でOK

Secondary Use in Community Documents *

Bank Statement

Reference number

Customer / Client NumberなどでOK

Credit or account card

Reference number

上記と同じでOK

※口座番号やカード番号は絶対に入力ダメです！

PREVIOUS

NEXT

6 Summary & Consent

Please confirm that the following information is correct

Personal details

First given name Daichi
Other given names
Family name Fujisawa
Gender Male

ここでもう一度入力内容を再確認します。大丈夫であれば下記の項目に☑を入れてください。

I acknowledge that the Office of the Children's Guardian (OCG) is collecting information in this Form to provide to the Australian Criminal Intelligence Commission (ACIC), an Agency of the Commonwealth of Australia, and the Australian Police Agencies for the purposes of a National Police History Check (NPHC).
I acknowledge that any information provided by me on this Form relates specifically to the purpose of obtaining a Working with Children Check (WWCC) which includes a NPHC and I consent to:
ACIC disclosing personal information about me to the Australian Police Agencies;
the Australian Police Agencies disclosing to ACIC, from their records, details of convictions and outstanding charges, including

Please check the box to confirm you have read and agree to the above declaration and acknowledge that the information you have provided can be used to assess your suitability to work with children.

I understand that if I am engaged in child-related work by the NSW government agencies of Education, Communities and Justice, including Youth Justice, or Health, the OCG may inform the agency that my NPHC obtained from ACIC did not disclose any criminal history information.

Please check the box to confirm you have read and agree to the above declaration.

PREVIOUS

SUBMIT

最後にSubmitをクリックして申請完了です。