

SECURITY-IN-CONFIDENCE (after first entry)



Australian Government
Department of Defence
Intelligence, Security and International Policy

CONSENT TO OBTAIN AND RELEASE INFORMATION

I _____ Date of Birth: / /
(print your full name)

of _____
(current residential address)

consent to the Deputy Secretary Intelligence, Security and International Policy (IS&IP) Group, or his delegate, obtaining information, including psychological information, from agencies of the Australian Intelligence Community (AIC), and the Department of Defence. I understand that any psychological information obtained will be reviewed as part of the Organisational Suitability Assessment (OSA) process, and may be considered in any report and recommendations made in this process. I understand that this information will be stored on the psychology file in the agency which is conducting this OSA.

Do you have, or have you ever held, a Top Secret Positive (TSPV) security clearance?
Yes / No Date obtained: / /

Current / Previous employment, Applications or Military postings, or Psychological Assessments

Table with 6 columns: AGENCY, APPLIED (A) or POSTED To (P), NEVER APPLIED N/A, DATES dd/mm/yyyy, PSYCH WRITTEN TEST COMPLETED Y/N, PSYCH INTERVIEW COMPLETED Y/N. Rows include DIO, DSD, DIGO, ONA, ASIO, ASIS, DSA, and ADF Psych. Services.

PmKeys or Service Number: _____

Rank:

I also give my consent to the Deputy Secretary IS&IP Group, or his delegate, to provide information, including information obtained from Defence psychological assessments, to members of the AIC in regard to applications that I may make to their agencies, or engagement I may have within these agencies.

I also give consent to the Deputy Secretary IS&IP, or his delegate, to release my current OSA information to the Defence Security Authority (DSA). I understand that the information will be placed on a psychology file in DSA, and the report will be placed on the Personnel Security File and considered as part of the TSPV process.

Signed: _____ Dated: / /

Phone: _____ Email: _____

Witnessed by:

Signed: _____ Dated: / /

Printed Name: _____

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