



### **THIRD PARTY VERIFICATION APPLICATION FORM**

The ACT Office of the Board of Senior Secondary Studies provides verification for school enrolment dates and certificates obtained.

#### **Application information:**

Personal Information cannot be given to a third party or a company conducting background searches unless; consent is given by the person on whom the information is being requested.

#### **Application:**

Must include a completed and signed Third Party Verification Application Form with;

- A signed application or authority by the applicant/past student/candidate, accompanied with a verified or certified Photo ID (of their current Passport or Drivers Licence) is supplied, giving permission for the background check of their personal records by the nominated Third Party.
- Proof of name change must also accompany the documentation (verified or certified copy of Marriage Certificate, Deed Poll etc).
- Fee payment EFT (Electronic Funds Transfer) your transaction receipt is required with your Application form).

#### **Fee:**

A fee of \$37.60 applies; this can be paid by EFT (Electronic Funds Transfer to Government Bank account).

**Not accepted:** Credit Card, Cash, Australia Post Money Order, personal or company cheques.

#### **Submit Application:**

Application for Third Party Verification can be made by mail to;

*Postal address:* ACT Education Directorate  
C/- Office at the Board of Senior Secondary Studies  
GPO Box 158  
Canberra ACT 2601  
AUSTRALIA

- Fax or email of the Application, Consent form and ID documentation will be accepted.

#### **For further information:**

If you require any further information regarding this process please contact:

ACT Education Directorate  
C/- Office of the Board of Senior Secondary Studies  
Reception Officer  
GPO Box 158  
CANBERRA ACT 2601  
AUSTRALIA

Phone: (02) 6205 7181  
Fax: 61+2+6205 7167  
E-mail: [bsss.enquiries@act.gov.au](mailto:bsss.enquiries@act.gov.au)



### THIRD PARTY VERIFICATION APPLICATION FORM

The Office of the Board of Senior Secondary Studies (BSSS) is collecting the information on this form to enable the BSSS to supply you with your Verification information. This is authorised by the *ACT Board of Senior Secondary Studies Act 1997*. The BSSS usually discloses this information to the Chief Minister, Treasury & Economic Development Directorate.

<b>Institution providing the verification:</b>	ACT Education Directorate - Office of the ACT Board of Senior Secondary Studies	<b>Request made from company:</b> (please provide your Signed Consent/ Privacy Statement by the Candidate)	
<b>Our contact:</b>	Reception Officer	<b>Company contact:</b>	
<b>Reception phone:</b>	61+2+62057181	<b>Contact phone:</b>	
<b>Fax:</b>	61+2+62057167	<b>Company fax:</b>	
<b>Email:</b>	bsss.enquiries@act.gov.au	<b>Email:</b>	

	<b>Details provided by the Candidate Requesting Company to complete:</b>	<b>BSSS – confirming requested Information (Yes/No) or provide our record details.</b>
<b>Candidate name:</b>		
<b>Date of birth:</b>		
<b>Name of school attended:</b>		
<b>Certificate/s obtained:</b>		
<b>Attendance dates:</b>		
<b>Date graduated:</b>		
<b>Other information:</b>		
<b>Signature of candidate:</b>		

<b>Information verified by BSSS Officer - name and signature:</b>	
<b>Officer position title:</b>	
<b>Date:</b>	

**Fee: \$37.60**      **Preferred Payment by:** EFT (Electronic Funds Transfer to Government Bank account).  
**Not accepted:** Credit Card, Cash, Australia Post Money Order, personal or company cheques.

Payment of \$ \_\_\_\_\_ made by:  EFT **with transaction receipt of deposit attached to this Application.**

- In Australia: (EFT) **BSB: 032-777** - Account Number: **000065** - Reference: **BSSS - and your surname**
- Overseas: Swift Number: WPACAU2S / Account name: ACT Education & Training Directorate / BSB: 032-777  
Account Number: 000065 / Reference: BSSS and student surname
- Bank name: Westpac Bank, 50 London Circuit, Canberra 2600, Australian Capital Territory, AUSTRALIA

Office Use: Version 28.07.2021	File Number: _____	Folio No: _____
EFT <input type="checkbox"/>	Payment Amount: \$ _____	Receipt Type attached here: _____ Date Received: _____
Processed by: _____		