



Tasmania Police

CAREER DEVELOPMENT PROGRAM

APPLICANT DETAILS	
Full name:	Date of birth:
Preferred name:	Age:
Address:	
Phone number:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Email address:	
Are you Aboriginal or Torres Strait Islander	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is English your first language	<input type="checkbox"/> No <input type="checkbox"/> Yes
Place of birth:	
Drivers licence number:	
Drivers licence type	<input type="checkbox"/> Learners <input type="checkbox"/> Provisional
Number of driving hours obtained:	
When are you set to obtain your Provisional Licence <i>(if applicable)</i> :	
Have you attended a careers expo and spoken to Tasmania Police staff	<input type="checkbox"/> No <input type="checkbox"/> Yes
Can you pass our minimum fitness requirements	<input type="checkbox"/> No <input type="checkbox"/> Yes
Current grade (2025)	<input type="checkbox"/> 11 <input type="checkbox"/> 12
Social media accounts <i>(provide details)</i> :	
Allergies / Medication:	
Special dietary needs:	
Do you have any condition, injury, or illness that would prevent you participating on the CDP	<input type="checkbox"/> No <input type="checkbox"/> Yes
Next of kin details <i>(NOK)</i> :	
NOK relationship:	
Address:	
Phone number:	



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CONFIDENTIALITY DISCLAIMER

I, Full Name:

Date of Birth:

agree to preserve the confidentiality of all information I become aware of whilst undertaking activities during the Career Development Program. I shall not directly or indirectly reveal, report, publish, disclose, transfer, or post on social media such information. I agree that all information contained in my application is true and correct.

APPLICANT DETAILS

Signature

Date

PARENT / GUARDIAN DETAILS

Name

Signature

Date

MEDIA

From time-to-time Tasmania Police release photographs to the media to promote awareness and community interest. We seek your permission to include your child on this platform. This permission will remain valid unless you specifically withdraw it.

USE OF IMAGES

I, Full Name:

Parent / Guardian of:

hereby authorise and give consent to Tasmania Police to use my child's image for the appropriate purpose of, but not limited to; still photography, videotape, electronic and print publications.

I consent to the child listed in this application to participate in the Tasmania Police Career Development Program.

PARENT / GUARDIAN DETAILS

Signature

Date

APPLICANT ACKNOWLEDGEMENT

Name

Signature

Date

