Australian Government

Security Construction and Equipment Committee

SCEC Security Zone Consultant Application Form RENEWAL

Required Documentation/Material Checklist

Documentation/Material	Attached?
Referee reports (at least two)	Yes
Certified Passport Photo (original)	Yes
Certified copy of State/Territory Security Licenses (if applicable)	Yes / NA
Police check	Yes
Conflict of interest declaration (signed)	Yes
Applicant Declaration (signed and witnessed)	Yes
Expired SCEC Consultant card returned?	Yes

Please return completed renewal application form and all supporting documentation to:

Chair Security Construction and Equipment Committee GPO Box 1508 Canberra ACT 2601



Personal Details	
Full Name	
(First, Middle, Last)	
Previous Name (e.g. maiden name)	
Date of Birth	
Place of Birth	
Email address	
*This email address will be your login to the SCEC website. It cannot be a shared/group email address	
Current SCEC Consultant Card Number	
Expiry date	
Australian Government security clearance level	NIL / BASELINE / NV1 / NV2 / PV
Sponsoring agency	
If you don't hold a current clearance, have you held one in the past	Yes / No / NA
Level	BASELINE / NV1 / NV2 / PV
Sponsoring agency	

Contact Details	
Current Residential Address	<u>Not</u> a P.O. Box
Street number and Name	
City/Town	
State/Territory, Postcode	
Mailing Address	P.O. Box is acceptable
Street number and Name/ P.O. Box	
City/Town	
State/Territory, Postcode	
Hometelephone	()
Mobile telephone	

Employment Details
You must provide the following details about your current employer:
Your position title
Employer Name
Business/Trading Name
Company ABN/ACN (if applicable)
Employer's registered address and place of business
(not P.O. Box)
Postal address
(if different to registered address and place of business)
Business contact name
Phone number
Email address

SCEC Security Zone Consultant Register	
Details will appear on the SCEC Security Zone Consultant Register:	
Company Name	
Company Address	
Phone number	()
Fax number	
Email address	
Website (if applicable)	

Passport Photo	
You must supply a passport-sized printed photograph taken within the 12 months preceding the application, and certified on the non-image side as follows:	"This is a true likeness of <your name="">, Signed", as certified by a Justice of the Peace or other person as defined under the <i>Statutory Declarations Act 1959</i>, with the application</your>
Security Licence	
Australian State and Territory certification and licence (if applicable):	Provide a certified copy of your current Australian State / Territory Security Licence (unless the relevant State or Territory does not issue security licenses to Consultants ¹)
Police check	
Australian Federal Police National Police Check certificate	Provide a certified copy of an Australian Federal Police (AFP) National Police Check certificate. When selecting the Purpose of Check, you must select code '40-Other Commonwealth Purpose ONLY'. Checks that are not Code 40 or from the AFP will not be accepted.

1 Each state and territory has its own licensing requirements. Most states and territories require that both businesses and individuals be licensed. Please refer <u>https://www.asial.com.au/resources/security-licensing</u>

SCEC- Security Zone Consultant - Referee Report Form

It is important that SCEC Consultants are working regularly with Australian Government security zones and Type 1/1A security alarm systems.

Therefore, renewing consultants must provide evidence of having conducted the below during the previous period of endorsement:

- at least 1 x design, acceptance testing and commissioning of Type 1/1A SAS; and
- at least 1 x design and construction of Australian Government security zones as defined in the PSPF and ASIO-T4

Technical Notes

This evidence should be in the form of referee reports (from separate client agencies). A template is provided for completion below. SCEC reserves the right to contact referees for more information if required.

Applicant Details	
Surname	
Given Names	

Referee Details		
Surname		
Given Names		
Job Title/Classification		
Department/Organisation		
Contact Phone Number	Work:	Mobile:
acceptance testing and con		nt has managed for your department that includes the design, curity alarm system and/or the design and construction of Security e Security Policy Framework.
Assessment Against	Selection Criteria (Re	efer to Rating Scale for Referee Report at page 6)
	ultant appear to have a sound Government Protective Secur	understanding of the construction requirements for the various Zones rity Policy Framework?
	Rating	
Criterion 2: Does the cons restrictions for their use?	ultant appear to have a good l	knowledge of SCEC approved products, their application and any
	Rating	
, , , , , , , , , , , , , , , , , , ,	· · · · · ·	s the necessary skill set to design, oversight installation, commission
or certify security systems in	n government departments?	
	Rating	

UNCLASSIFIED

guidelines and relevant building codes?	ons to meet your agency's needs in accordance with government
Rating	
	e ability to prepare a detailed program of works including project
scheduling?	
Rating	
-	ce and specifications (trade package) documentation for all trades
nd suppliers, as required including, but not limited to:	
Intruder Alarms	
Access Control	
Hardware, including locks, bars and walls	
Audio Security?	
Rating C riterion 7: How would you rate the consultant's ability to n accordance with appropriate Quality Assurance Systems	provide project coordination including quality, time and cost control s, including ensuring all defects in work are rectified?
·····	,
Rating	
riterion 8: How would you rate the consultant's ability	y to prepare financial reconciliations of trades and total project cost?
Rating	
Overall Assessment: In your opinion, how would you rate Consultant program? For details on this program, please g	e this consultant for selection for the SCEC Approved Security Zone o to www.scec.gov.au.
Highly Suitable Suitable Not Suitable	
dditional Comments	

5

Referee Signature		
Signature:	Name:	Date: / /20
Applicant Signature		
Applicant Signature		

If used as an oral report, a member of the SCEC selection committee is to certify that the information contained in this report has been confirmed with the referee.

Committee Member Certification		
Signature:	Designation:	Date: / /20

Rating Scale for Referee Reports

The following rating scale should be used as a guide by referees when providing comments on applicants for positions as SCEC Approved Security Zone Consultants. When providing a rating against each selection criterion, referees should assess the capacity of the applicant to perform the duties based on their knowledge, experience and his/her work performance.

Description	Indicators of Performance
Highly Suitable	Be able to perform at a high level without direct supervision for reasons including:
The applicant possesses highly developed and relevant skills and abilities, appropriate personal qualities and would consistently perform at a very high level against the criterion.	 Highly reliable and responsible Excellent job knowledge Excellent leadership and managerial skills Instinctively and effectively deals with routine and complex matters Highly developed problem solving and change management skills
Suitable The applicant possesses relevant skills and abilities, appropriate personal qualities and would perform consistently well against the criterion.	 Be able to perform at an acceptable level with only routine supervision for reasons including: Very reliable and responsible Well developed (sound) job knowledge Very strong team leadership and management skills Able to effectively deal with routine and most of the complex matters Able to suggest and initiate improvements relevant to the work area
Not Suitable	Requires close supervision to perform at an acceptable level for reasons including:
The applicant is unable to demonstrate that he/she possesses the relevant skills, abilities and personal qualities in relation to the criterion.	 Poor work output Limited or no job knowledge Inadequate personal and/or communication skills Would have difficulty dealing with routine matters Would have difficulty carrying responsibility or solving problems
Overall Assessment	
Highly Suitable	Majority of selection criteria assessed as Highly Suitable
Suitable	Majority of selection criteria assessed as Suitable
Not Suitable	Rated as Not Suitable against one or more of the selection criteria

Applicant Declaration

I hereby:

- 1) declare that, as at the date of my signature below:
 - a. all answers and statements in this application; and
 - b. the supporting documents provided,

are true and accurate to the best of my knowledge;

- 2) consent to security checks by ASIO in relation to my application;
- acknowledge that should SCEC become aware of any misrepresentation or falsification by me in relation to my application for SCEC consultant Endorsement, SCEC may reject my application or revoke my SCEC Endorsement
- 4) acknowledge that SCEC may revoke my Consultant Endorsement at any time if SCEC, at its absolute discretion, considers that I am no longer a fit and proper person to be a SCEC Security Zone Consultant, and that the circumstances which may indicate a consultant is no longer a fit and proper person include:
 - a. providing false and misleading information to SCEC as part of the application process or after being approved as a consultant;
 - b. revocation of my Australian Government security clearance;
 - c. breaching any of the Conditions of Endorsement;
 - d. being convicted of an offence involving fraud, theft or dishonesty;
 - e. no longer being employed as a consultant;
 - f. not having the necessary current State and Territory security certification and/or licence (as required in the place of employment);
- 5) certify that I have read and fully understand the terms and conditions in the document titled 'SCEC Security Zone Consultant Scheme policy and procedures' and accept all the conditions detailed in that document; and
- 6) undertake to comply with the SCEC Security Zone Consultant Code of Conduct and all other Conditions of Endorsement.

Applicant	Witness
Full Name:	Full Name:
Signature:	Signature:
Date:	Address:

Date:



7