

Northern Territory Police designated area compliance form

Coronavirus
[COVID-19]

Version 2.5

Help us stop the spread of COVID-19 (novel coronavirus)

Travel to remote communities in the Northern Territory was restricted from midnight March 26. The restrictions are to help stop the spread of COVID 19. People who have completed 14 days of self-quarantine, are providing essential community services, or have received an Exemption from a Decision Maker are permitted entry (see the *Commonwealth Biosecurity (Human Biosecurity Emergency) (Human Coronavirus with Pandemic Potential) (Emergency Requirements for Remote Communities) Determination 2020*).

Travel details: where are you going?

What Biosecurity area are you travelling to? Tick the designated biosecurity area below (Biosecurity areas are based on NT Local Government Areas)

Tiwi Islands	East Arnhem (inc. Nhulunbuy unincorporated LGA areas, and Alyangula)	West Daly	Victoria Daly (exc Pine Creek Ward)	Central Desert
West Arnhem		Roper Gulf	Barkly (exc Tennant Creek)	MacDonnell

Which remote communities are you travelling to?

Date of arrival? Day Month Year

How did you arrive?

Plane	Flight number	Seat Number
Road	Registration Number	State
Sea	Ship name:	

Your name and contact details:

Given Name(s)	Surname
Date of birth Day Month Year	
Contact details	
Email	Mobile number
Address (if you do not have an email address)	
Identification	Specify
Driver's Licence ID number State/Country	Other

Your health information:

Have you been overseas or interstate within the last 14 days?	Yes	No	Have you been unwell in the last 14 days?	Yes	No
Have you completed 14 days of self-quarantine?	Yes	No	If yes, please specify:		
Have you been in close contact with a confirmed case of COVID 19?	Yes	No	Fever	Sore throat	
Have you been tested for COVID 19?	Yes	No	Cough	Shortness of breath	
Have you tested positive for COVID 19 in the last 14 days?	Yes	No			

For more information visit coronavirus.nt.gov.au

Is a person under 18 travelling with you?

(Please complete additional compliance form/s if you are travelling with more than one person under 18)

If yes, please specify: Name and age				Has person been overseas or interstate within the last 14 days?	Yes	No
Given Name(s)		Surname				
Date of birth	Day	Month	Year	Has person completed 14 days of self-quarantine?	Yes	No
	Have they been unwell in the last 14 days?					
If yes, please specify:		Yes	No	Has person been tested for COVID 19?	Yes	No
		Cough	Shortness of breath			
		Fever	Sore throat			

I acknowledge that the above information is true and correct to the best of my knowledge.

I understand my requirements under the *Commonwealth Biosecurity Act 2015* Chief Health Officer's Directions (COVID-19 Directions 2020), *Biosecurity (Human Biosecurity Emergency) (Human Coronavirus with Pandemic Potential) (Emergency Requirements for Remote Communities) Determination 2020*

Signature of traveller (or guardian of additional travellers) Day Month Year

This information will be used subject to the *Information Act 2002*, for the purposes of assisting the Chief Health Officer to exercise powers and perform functions to prevent or control the spread of a notifiable disease under the *Commonwealth Biosecurity Act 2015* (namely the novel coronavirus COVID-19).

Failure to comply with directions issued under the Commonwealth Biosecurity Act 2015 may constitute a criminal offence with penalties including imprisonment up to a maximum of five (5) years or 300 penalty units (\$63 000).

Biosecurity Checkpoint Officer to complete: Person(s) permitted to enter a designated biosecurity area

Person(s) who are defined as engaging in, or providing transport for, an essential activity; have been granted an exemption by a Decision Maker; or have completed 14 days of self-quarantine, and can provide evidence to this effect, have been granted permission to enter the designated area under the *Commonwealth Biosecurity Act 2015*.

Evidence needs to be sighted and documented.

Select evidence type:

A. Resident or worker servicing a pastoral estate		Driver's licence or other documentation sighted		
B. Approved remote essential worker (AREW) Select the appropriate category below		Card number (if available)		
Health care/accessing medical supplies	Funerary Services	Safe commercial food production		
Domestic violence/child protection service	Local Gov related Services	Construction services (housing)		
Policing /emergency services	CentreLink related Services	Mining operations		
Correctional /legal or court Services	Essential infrastructure maintenance/repair			
Education	Essential Freight/Delivery services			
C. Letter from a Decision Maker (Evidence sighted)	Aboriginal Land Council (NLC, Tiwi, CLC, ALC)	NT Government Decision Maker	NT Commissioner of Police	
D. Proof of 14 day quarantine (Evidence sighted)	E. Member of the ADF performing duties within biosecurity area		ADF card sighted	
Name of BCP Officer	Service no:			
Signature				
	Day	Month	Year	
Biosecurity checkpoint location				

BCP Officer to email completed form to DCIScovid19.compliance@nt.gov.au