

<b>Notification of Receiving Instruction</b> This form must be completed when a person intends to receive instruction in the use of general category handguns in accordance with subsection 54(1A) of the <i>Firearms Act</i> 1996.																											
<ul> <li>This notice is to be completed <u>prior</u> to the instruction being provided, and the person providing the instruction must give this notification to Licensing &amp; Regulation Division (LRD) <u>within 7 days</u> of providing the instruction.</li> <li>Complete in black or blue pen. Do not use correction fluid/tape. Draw a line through any mistakes and write the correct information alongside it.</li> </ul>																											
Pai	rt 1 - Per	sona	l Info	rmat	ion (	of P	ersor	۱Re	ceivi	ng Ir	nstru	ictio	'n														_
Have you previously had a licence issued by LRD? Yes No Previous Licence Number																											
Fan	nily		urren	it Na	me														T		T	Т	T				1
Nar Firs	t Given																					<u> </u>	<u> </u>			-	1
Nar	ne :ond																										J
	en Name																	<b>F</b>		lf vo		o offi	cielly	chanc	und via		J
Sex: Male Female Date of Birth: (Day) (Month) (Year) If you have officially changed your name at any time, please staple a list of your previous names to this form.																											
Section B – Residential Address Property Name (if applicable)																											
Pro	perty Nar	ne (if a	applica	abie)		Τ				<u> </u>				Т	T	Т				Т		T					٦
Fla	t/Unit Nur	nber			S	Street	t Num	ber	<u> </u>			_			L	ot Nu	mber					_			_		
			Τ		/										/												
Str	eet Name									I												St	reet T	Туре (	Rd, S	t, etc	.)
		ĺ	ĺ			[					ſ	ſ								ĺ			ĺ				
Τον	wn/Suburl	)	F		r		-			F			-	F	F	- -	T	-	_	State	2		Р	ostco	de		
ls y	Is your postal address the same as your residential address? Yes Go to Section D. No Go to Section C.																										
Se	ction C	– Po	ostal	Add	res	s																					
	o <mark>ss</mark> appro O Box P	•									RMB	c	Street I		Durol	Poor											
GP			LUCI		ag P		е Баў ]			г		3		INO. F	turai		I NO.	1	Numt	ber	Γ	Τ	Т	T	Τ		٦
Str	eet Name	-	T	T	r	T	-r	Ļ	Ļ	T	T	T	_	T	-			-	-			St	treet	Туре	(Rd, S	St, etc	:.)
Ļ																				0		L					
	wn/Suburt			T	ſ	T	T	T	T	Ī	[	Т		T	T	T	T	T	1	Stat	e			Postco	de	T	
																						_					
Se	ction D	– Co	ontac	ct de	tails	S	1				1				7		_	_		-		_					_
Day	rtime Tele	phone	Conta	act												OR											
Em	ail Addres	s																									٦
Part 2 – Identification Details																											
Please provide the document number and description of <b>two</b> forms of identification of the person receiving instruction. At least one form of identification must be a current government issued document (e.g. Driver Licence/Birth Certificate/Passport). The second form of identification can be any document that verifies the person's name (e.g. a credit card/student card). The name on both identification documents must match the name on the front of this form, or at least one identification document must include official evidence of a change of name (e.g. recent copy of a Full Birth Certificate or Marriage Certificate). The instructor must sight these documents and verify that the details are correct.																											
1.																											
r				Unio	que l	denti	ficatio	n Nu	Imber	of Do	ocum	ent		-	T	1					Туре	e of D	Docur	nent			
2.																											
By n	vrovidina I	Drivor	Licon						Imber				co to	obtoir	a info	rmati	on fr	om +	ho P	aada			Docun		ia (\/i	cPoc	de)

By providing Driver Licence information, I hereby authorise Victoria Police to obtain information from the Roads Corporation of Victoria (VicRoads) that relates to my identity.

Part 3 – Declaration by Person Who is Receiving Instruction									
Are you currently, or have you in the last 5 years suffered or been treated for any of the following: psychiatric or psychological conditions (e.g. depression, stress or emotional problems); alcohol or drug dependence; neurological conditions (e.g. stroke or head injuries); serious impairment of eyesight; fits, dizziness or blackouts; or have any medical condition that could impact on your ability to use a handgun in a manner that is safe to yourself and others?									
Yes No No									
If you have indicated 'yes' to the above question, you <u>must not</u> proceed to receive instruction in the use of general category handguns until you provide evidence from a treating medical practitioner of your fitness to complete the instruction and carry and use handguns that is acceptable to the instructor.									
Are you a 'prohibited person' as defined in section 3 of the <i>Firearms Act</i> 1996? (The definition of a 'prohibited person' can be found on the Victoria Police website at <a href="http://www.police.vic.gov.au/firearms">www.police.vic.gov.au/firearms</a> . You must ensure that you have read and understood it before completing this part).									
Yes No									
If you have indicated 'yes' to the above question, you must not proceed to receive instruction in the use of general category handguns.									
Please indicate for which occasion the instruction is being received.									
I declare that I am not a prohibited person; do not have any medical condition that would preclude me from receiving this instruction; the particulars in this notification and any attachments are true and correct, and I make this declaration knowing that it is an offence against section 140A of the <i>Firearms Act</i> 1996 to provide false information (penalty 240 penalty units or 4 years imprisonment for each offence).									
Signature Date 7 7									
<b>Privacy Statement:</b> The personal and health information requested is being collected and used by Victoria Police for the purposes of assessment of an application for a licence, registration, permit or approval. It will be used in accordance with relevant legislation, including the <i>Firearms Act</i> 1996, <i>Private Security Act</i> 2004, <i>Control of Weapons Act</i> 1990, <i>Health Records Act</i> 2001 and the <i>Privacy and Data Protection Act</i> 2014. The information may be disclosed to employers, approved bodies and other statutory authorities for the purposes of law enforcement and the administration of justice. To gain access to personal and health information held by Victoria Police, you must apply in writing to the Freedom of Information Division of Victoria Police, at <u>www.police.vic.gov.au</u> .									
Part 4 – Written Consent from Parent or Guardian of Junior Receiving Instruction									
A junior (who is of, or over 12 years of age and under 18 years of age) cannot receive instruction until this part is completed.									
This statement is made by a Parent or Guardian (cross relevant choice)									
(Print family name) (Print given names)									
I, (Print residential address)									
of									
(Home) (Work) (Mobile)									
Telephone									
(Junior's full name)									
have given consent for									
for the purpose of receiving instruction in the use of a general category handgun.									
Parent/Guardian's Signature Date									
Part 5 – Instruction Details (to be completed by Instructor)									
Name of approved club and shooting range where the instruction took place Date of Instruction									
SSAA - SPRINGVALE PISTOL CLUB (SPC)   /   /   2   0   2   3									
Instructor's Name									
MARCO PAVINCICH									
Instructor's Firearm 7 3 2 2 7 1 8 0 H Expiry 2 3 / 0 3 / 2 0 2 6									
Part 6 – Declaration by Instructor									
I declare that I have sighted the required identification documents and verify that the particulars in this notification and any attachments are true and correct. I further declare that I have questioned this person as to whether or not they are a prohibited person under the <i>Firearms Act</i> 1996 and to the number of occasions on which they have received instructions. Based on the answers received in response to these questions, and on available facts, I believe that the person is a non-prohibited person and is eligible to receive instruction. I make this declaration knowing that it is an offence against section 54(5) of the <i>Firearms Act</i> 1996 to provide false information in this notification (penalty 120 penalty units or 2 years imprisonment)									

• • •		
Instructor's Signature	Date	/ /
	1	