





# VOLUNTEER/STUDENT DECLARATION

Volunteers who mentor disadvantaged children or who provide intimate personal care to disabled children should use the Applicant Declaration and Consent rather than the Volunteer Declaration.

## DECLARATION

I have read and understood the information below about prohibited persons. I am aware that it is an offence to make a false statement on this form.

I declare that I am not a prohibited person under the *Commission for Children and Young People Act 1998*.

I consent to the Commission for Children and Young People checking my relevant criminal records, to verify these statements. I understand that this information may be referred to the Commission for Children and Young People and/or to NSW Police for law enforcement purposes and for monitoring and auditing compliance with the procedures and standards for the Working With Children Check in accordance with Section 36 (1)(f) of the *Commission for Children and Young People Act 1998*.

**All fields must be completed. Please use block letters.**

Family name: \_\_\_\_\_

First name: \_\_\_\_\_ Other given name(s): \_\_\_\_\_

Previous names/aliases: Family name: \_\_\_\_\_

First name: \_\_\_\_\_ Other given name(s): \_\_\_\_\_

Date of birth: DD/MM/YYYY Gender: (Please tick)  Male  Female

Place of birth: Town: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Residential Address: Street: \_\_\_\_\_

Suburb/Town: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Contact telephone number: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Title of child-related position applied for: Diabetes Buzz Day Volunteer

I am a volunteer or student on placement: (please tick)  Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>EMPLOYER TO COMPLETE</b>	
If you have sighted photo identification for this person, (please tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature:.....	Date:.....
Name:.....	Position:.....
<b>If you sighted one of these documents to verify the identity, please fill in these details:</b>	
<input type="checkbox"/> Driver's licence: Issuing Agency _____	Number _____
<input type="checkbox"/> Firearms licence: Issuing Agency _____	Number _____
<input type="checkbox"/> Passport: Type _____	Issuing Country _____ Number _____

**It is an offence for a prohibited person to apply for, attempt to obtain, undertake or remain in child-related employment, or to sign this declaration. A prohibited person is a person who is convicted of the following (whether in NSW or elsewhere):**

- murder of a child
- serious sex offence, including carnal knowledge
- child-related personal violence offence (an offence committed by an adult involving intentionally wounding or causing grievous bodily harm to a child)
- indecency offences punishable by imprisonment of 12 months or more
- kidnapping (unless the offender is or has been the child's parent or carer)
- offences connected with child prostitution
- possession, distribution or publication of child pornography; or
- attempt, conspiracy or incitement to commit the above offences.

A prohibited person includes a Registrable person under the *Child Protection (Offenders Registration) Act 2000*.

Details of these offences can be found online at <http://kids.nsw.gov.au/Guidelines/FactSheet 1>

**A conviction includes a finding that the charge for an offence is proven, or that a person is guilty of an offence, even though the court does not proceed to a conviction.**

**NOTE: This form is to be kept by the employer/volunteer organisation.**