VOLUNTEER/STUDENT DECLARATION

An easier way? Complete this form online at check.kids.nsw.gov.au

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/Student Declaration.

Personal Details:

Name:

Family name: ___________________________ Other given name(s): ___________________________

First name: ___________________________

Previous names/aliases:

Family name: ___________________________

First name: ___________________________

Family name: ___________________________

First name: ___________________________

Family name: ___________________________

First name: ___________________________

Residential address:

Address Line 1:

Address Line 2:

Suburb/Town: ___________________________

State: ___________________________

Postcode: ___________________________

Country: ___________________________

Contact:

Phone: ___________________________

Mobile: ___________________________

Email: ___________________________

Date of birth: ___________________________

Gender: ___________________________

Place of birth:

Suburb/Town: ___________________________

State: ___________________________

Country: ___________________________

Identifying document:

If you used one of these documents to verify your identity, please fill in these details

Licence Type: [ ] Driver’s License [ ] Firearms License

Issuing Agency: [ ] Australian Capital Territory [ ] New South Wales [ ] Northern Territory

[ ] Queensland [ ] South Australia [ ] Tasmania

[ ] Victoria [ ] Western Australia [ ] Australian Army

[ ] Commonwealth of Australia [ ] Defence Force Academy [ ] Australian Navy

[ ] Australian RAAF [ ] Issued by a country other than Australia [ ] Australian Navy

[ ] Other

Licence number: ___________________________

Passport Type: [ ] Private [ ] Government [ ] UN Refugee

Issuing Country: ___________________________

Passport number: ___________________________
Title of child-related position: ________________________________

Name of organisation you are volunteering for: ________________________________

Address of this organisation (if known): ________________________________

I am a parent or guardian of a participating child (y/n): ________________________________

I am a volunteer or student on placement (y/n): ________________________________

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 Working With Children Employer Guidelines Fact sheet 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.

Declaration:

☐ I have read and understood the information above 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 35 (1)(f) of the Commission for Children and Young People Act 1998.

Signature: ________________________________

Date: ________________________________

Employer to Complete:

☐ I have sighted photo identification for this person

Signature: ________________________________

Date: ________________________________

Name: ________________________________

Position: ________________________________

What should I do next? Once you have completed your details, you will need to sign the printed form and provide the signed form to your employer/volunteer organisation. You may also wish to retain a copy for your records.