



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: _____

First name: _____ Other given _____

name(s): _____

Previous names/aliases:

Family name: _____

First name: _____ Other given _____

name(s): _____

Family name: _____

First name: _____ Other given _____

name(s): _____

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: | <input type="checkbox"/> Driver's License | <input type="checkbox"/> Firearms License | |
| Issuing Agency: | <input type="checkbox"/> Australian Capital Territory | <input type="checkbox"/> New South Wales | <input type="checkbox"/> Northern Territory |
| | <input type="checkbox"/> Queensland | <input type="checkbox"/> South Australia | <input type="checkbox"/> Tasmania |
| | <input type="checkbox"/> Victoria | <input type="checkbox"/> Western Australia | <input type="checkbox"/> Australian Army |
| | <input type="checkbox"/> Commonwealth of Australia | <input type="checkbox"/> Defence Force Academy | <input type="checkbox"/> Australian Navy |
| | <input type="checkbox"/> Australian RAAF | <input type="checkbox"/> Issued by a country other than Australia | <input type="checkbox"/> Other |

Licence number: _____

Passport Type: Private Government UN Refugee

Issuing Country: _____

Passport number: _____

CON'T OVER/ 2

Position details:

Title of child-related position: Coach / Manager / Committee Member (Please Circle)

Name of organisation you are volunteering for: Collaroy Cromer Strikers Football Club Inc.

Address of this organisation (if known): PO Box 5122, Wheeler Heights NSW 2097

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 36 (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.

AGE GROUP: _____

TEAM NAME / DIVISION: _____