

DECLARATION (Applicant is to hand this form into the panel at interview)

INSTRUCTIONS: All applicants are to complete the following declaration at interview and discuss any issues with the selection panel. The Selection Panel is then required to forward the completed declaration to Human Resources if the candidate is progressed to the next stage.

DUTY OF CARE INFORMATION / DECLARATIONS	
NATIONAL CRIMINAL HISTORY RECORD CHECK	
Have you ever been convicted of a criminal offence?	Yes / No
Are you currently facing charges yet to be determined for any offence (including Road Traffic Act offences)?	Yes / No
I understand that the shortlisted candidates will be required to complete a National Criminal History Check.	please tick <input type="checkbox"/>
CHILD PROTECTION (PROHIBITED EMPLOYMENT) ACT 1998	
The Child Protection (Prohibited Employment) Act 1998 makes it an offence for a person convicted of a serious sex offence (a prohibited person) or a Registrable Person under the Child Protection (Offenders Registration) Act 2000, to apply for, undertake or remain in, child-related employment. <u>Please consider this carefully and you should seek independent advice if you are unsure of your status as a prohibited person.</u>	
DECLARATION - I declare that I am not a person prohibited by the Act from seeking, undertaking, or remaining in child related employment.	please tick <input type="checkbox"/>
What is your working with Children Check Clearance number? (required for child-related employment positions)	Number:
DRIVER'S LICENCE (attach a photocopy of your current driver's licence – both front and back)	
Do you have a current Drivers Licence?	Yes / No Licence number:
HEALTH AND MEDICAL DECLARATION	
Do you currently have any disability or medical condition, which might prevent or impede you from being able to satisfactorily perform any duties that might be required of you in the position in which you have applied?	Yes / No
If yes, or unsure please provide details: (Please include details of any assistance / adjustments that would allow you to carry out the functions of the role.)	
Are you taking or consuming any prescription medication/s or other substance/s that may affect your ability to perform the duties of the role applied for or give rise to a risk of your health or safety in the workplace or that of other person?	Yes / No
If yes, please provide details	
Do you agree to undergo a medical examination, and/or drug and alcohol testing that relates to your capacity to perform the functions of the role you have applied for? (either now or in the future)	Yes / No
If no, please provide reasons:	
WORKERS COMPENSATION	
Have you ever claimed Workers' Compensation for an injury or disease?	Yes / No
If yes, please provide details:	
Do you have any Workers' Compensation claim/s unresolved/outstanding?	Yes / No
If yes, please give details:	

DECLARATION AND SIGNATURE: I (the applicant) declare the information I have provided in this declaration is true and correct to the best of my knowledge and belief. I understand that this declaration may form part of my personnel file if employed by Kurrajong.

Name: _____ **Signature:** _____ **Date:** ____/____/____