

CESA Volunteer Declaration

To be considered for a volunteer role in any capacity in CESA, you must complete all parts of this Declaration, including by providing additional, supporting information and documentation where a "Yes" response has been recorded. You will not be considered unless you complete the Declaration and provide comprehensive and complete information as necessary.

If you have any questions about the Declaration, please contact your school or CEO (Human Resources Team on 8301 6853).

SURNAME: _____ **Dr / Mr / Mrs / Ms / Other**

GIVEN NAMES: _____

FORMER NAMES: _____

DATE OF BIRTH: _____ *please ensure your FULL name and DOB is included*

ADDRESS: _____ **P/Code:** _____

EMAIL: _____

TELEPHONE: **HOME:** _____ **MOBILE:** _____

If you are currently a Registered Teacher, please provide Teacher Registration No. _____

If you already have a Child-Related Employment Screening Clearance please provide DCSI Date of Issue: _____

Please note: You must provide the ORIGINAL TRB issued teacher registration certificate (if applicable) and DCSI issued Child-Related Employment Screening Clearance for sighting at your work location.

VOLUNTARY POSITION FOR WHICH THIS APPLICATION IS MADE:

Please respond to the questions below and sign the Declaration at the end of this form:

1. Have you ever been investigated, charged, arrested, reported for or pleaded or found guilty of any criminal offence? (Tick 'No' where an expiation notice only was received) Yes No
2. Have you ever received a written counselling or warning or been dismissed or resigned from any employment or volunteer role in response to, or following allegations of improper or unprofessional conduct in the workplace? Yes No
3. Have you ever or are you currently the subject of an investigation or any other process relating to misconduct by you as a volunteer or an employee? Yes No
4. Have you ever been the subject of allegations of misconduct by you of a sexual nature towards or in relation to a child (person under 18 years of age) or towards any other person to whom you were responsible for providing care? Yes No
5. Our process may include asking referees whether there are any child protection concerns in your regard. Do you foresee any problem arising from this process? Yes No

PLEASE NOTE: If you answer YES to any of the above questions, you are required to provide comprehensive supporting details, including relevant documentation in order to be considered. (Please attach as separate sheets.)

If you choose not to answer one or more of the above questions, please indicate by ticking the box below that you wish to meet with the Principal (or delegate) to discuss.

I have opted not to answer one or more of the above questions and ask that a meeting be arranged between the **Principal** (or delegate) and me.

Please note: If you wish a meeting to be arranged you must submit your application at least one week prior to commencement date.

Further information and ongoing requirements

Evidence of a criminal history that may be unrelated to any risk of harm to children will not automatically preclude a person from being or remaining a volunteer.

The requirement for full and honest disclosure is a condition of initial and ongoing engagement. In signing this form you declare that you are a fit and proper person of good character, and you will notify the **Principal** should there be a relevant change in your circumstances; for example, criminal charges and convictions, restraining orders, intervention orders, injunctions, disciplinary proceedings and investigations.

Please provide this completed declaration form to the **centre, preschool or School/College** you want to volunteer at. They may contact you and arrange an interview or an informal conversation.

Declaration

I understand that any false or misleading information I provide will result in me not being considered for a voluntary position or may result in the termination of my position. I declare that I have answered this Volunteer Declaration Form truthfully.

Signed: _____ **Date:** _____

OFFICE USE:

Principal (or delegate) signature: _____ Date: _____