## APPENDIX C CONFIDENTIAL DECLARATION FORM



	De	epartment of <b>Education</b>	151 F	Royal Street, East Pert	h WA 6004
STRICTLY CONFIDENTIAL					
		aration form must be completed by: iring access to schools who are <u>not</u> emplo	oyees of t	he Department of Ed	lucation.
Please	read the f	following carefully, and tick (✓) <b>one</b> of the	boxes be	low:	
1	I declare t might pred	declare that I <b>DO NOT HAVE</b> any convictions, circumstances or reasons, which night preclude my working with, or near, children.			
		OR			
2	my workin reasons is	that I DO HAVE convictions, circumstances on the second with or near children. The nature of these of the second solutions of the second solutions and the second solutions of the second solutions.	or reasons onvictions	which might preclude, circumstances or	
record o	clearance, tl	cy of the above information. I am aware that I hrough the Department of Education's Screen on I have provided.	may be re ing Unit, if	quired to consent to a it is considered necess	criminal sary to
Name:					
Company: (if relevant)					
Address:				· · · · · · · · · · · · · · · · · · ·	
Telephone:					***************************************
Email:					
School visiting:					
<u> </u>	se of visit:			1	
Signature:			Date:		

See the following page for explanatory notes