# CONFIDENTIAL DECLARATION

For persons who are **not** employees of the Department of Training and Workforce Development, the Department of Education or a State Training Provider (for example; private training providers, private companies or volunteers attached to such) involved with the delivery of a program to students under 18 years of age at the Muresk Institute.

Please place a tick in **one** of the boxes below.

|  |  |  |
| --- | --- | --- |
| 1 | I declare that I **do not have** any convictions, circumstances or reasons that might preclude my working with or near children. |  |

or

|  |  |  |
| --- | --- | --- |
| 2 | I declare that **I do have** convictions, circumstances or reasons that might preclude my working with or near children. The nature of these convictions, circumstances or reasons is outlined below. |  |
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I certify the accuracy of the above information. I am aware that I may be required to provide a police clearance if it is considered necessary to verify the information provided.

Name:…………………..…………………… Date………..………………………………..

Signature:………………………………………………………………………………………

Company (if applicable):……………………………………………………………………..

Address:………………………………………………………………………………………..

Telephone:……………………………………………………………………………………..

External provider involved:…………………………………………………………………..