CONFIDENTIAL DECLARATION FORM

INFORMATION ABOUT THE CONFIDENTIAL DECLARATION FORM

What is this form about?

In 1997 the Department of Education joined other Australian states to implement the *National Strategy in Schools for the Prevention of Paedophilia and Other Forms of Child Abuse.* The CONFIDENTIAL DECLARATION form is designed to help with this strategy.

The CONFIDENTIAL DECLARATION form is for persons who are not Department of Education employees, but who do require access to a school and who will be with or near the students e.g. Musical troupes, visiting artists, performers, trades-people carrying out repairs, parents and volunteers assisting with students at schools or on excursions (see Excursions Policy) etc.

By completing this form, you will help the Department of Education to ensure that Western Australian schools are safe places for our children.

Confidentiality

Please be assured that unless statutory obligations require otherwise, the information on the completed form will not be used without your consent for any purpose other than in relation to your entry onto the school premises or accompanying students on excursions.

Completed forms will be treated with the utmost confidentiality at all times.

For enquiries about the Department’s visitor screening policy please contact the Screening Policy Officer on 08 9264 4391.

Thank you for taking the time to read this information.

Note for Troupes, artists, musicians, circus acts, etc who visit many schools.

If you visit many schools, for example if you are a visiting theatre act, then you may register a *Confidential Declaration form* directly with the Department of Education’s Central Office by contacting the Screening Policy Officer on 08 9264 4391. Your details will be listed on the Department’s electronic Visitors Database. This will enable you to move from school to school without having to complete the CONFIDENTIAL DECLARATION form each time.

Schools access the Visitors Database on the Admin Network at http://10.1.9.51/Visitors
## CONFIDENTIAL DECLARATION

For persons requiring access to schools who are **not** employees of the Department of Education.

Please read carefully and tick one of the boxes below.

<table>
<thead>
<tr>
<th></th>
<th>I declare that I <strong>do not have</strong> any convictions, circumstances or reasons that might preclude my working with or near children.</th>
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<tr>
<td>(1)</td>
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**or**

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<th></th>
<th>I declare that I <strong>do have</strong> convictions, circumstances or reasons that might preclude my working with or near children. The nature of these convictions, circumstances or reasons is outlined below.</th>
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<tbody>
<tr>
<td>(2)</td>
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(Please attach a separate sheet of paper if required)

I certify the accuracy of the above information. I am aware that I may be required to provide a criminal record clearance if it is considered necessary to verify the information provided.

**Name:**

(PLEASE PRINT CLEARLY)

**Children's Names and TA:**

**Signature:** ___________________________ **Date:** ___________________________

**Company:** (if relevant) ___________________________

**Address:** __________________________________________

**Phone/Email:** ______________________________________

**School/s visiting:** __________________________________

**Purpose of Visit:** __________________________________