

# CONFIDENTIAL DECLARATION



Department of  
**Education**

**DEPARTMENT OF EDUCATION**  
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## CONFIDENTIAL DECLARATION

This form is for persons who are not employees of the Department of Education.

Please place a tick in one of the boxes below.

(1)	I declare that I <b>do not have</b> any convictions, circumstances or reasons that might preclude my working with or near children.	<input type="checkbox"/>
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OR

(2)	I declare that I <b>do have</b> convictions, circumstances or reasons that might preclude my working with or near children. The nature of these convictions, circumstances or reasons is outlined below.  _____ _____ _____ _____ _____ _____	<input type="checkbox"/>
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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.

Parent/Guardian name: \_\_\_\_\_  
(PLEASE PRINT CLEARLY)

Relationship to child: \_\_\_\_\_  
(PLEASE PRINT CLEARLY)

Student name: \_\_\_\_\_ Year: \_\_\_\_\_ Room no: \_\_\_\_\_  
(PLEASE PRINT CLEARLY)

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

School: \_\_\_\_\_