

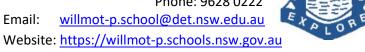
Education

Willmot Public School

63 Discovery Avenue, WILLMOT NSW 2770

Phone: 9628 0222

Email:



Visitor, Specified Volunteer and Contractor Form and Declaration

Address: Phone:	
Phone:	
Email:	
Organisation (If applicable):	
Working With Children Check Number: Expiry:	
By signing this form, I declare that I have received and read the Willmot Public School Health and Safe Induction Briefing booklet. I understand that if I have questions or concerns regarding the Willmot Pu School Health and Safety Induction Briefing booklet, that I can discuss this with the Principal.	
Signature: Date:	
Completed and Received: Declaration for volunteers and non child-related contractors (old Appendix 5) Declaration for child-related work – specified volunteers and contractors (old Appendix 11) Government-issued photo identity document with full name, date of birth and current residential address and, if relevant, one change of name document. It may be required to show/provide more than one identity document if they don't have a single document that contains all the required information stated above. The Department may verify any document with the issuing authority. Evidence Type	t
○ Signed Declaration	
Entered into Register: Yes / No	