



Visitor, Specified Volunteer and Contractor Form and Declaration

Name: _____

Address: _____

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 Safety Induction Briefing booklet. I understand that if I have questions or concerns regarding the Willmot Public School Health and Safety Induction Briefing booklet, that I can discuss this with the Principal.

Signature: _____

Date: _____

Office Use Only

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

Signed Declaration

Entered into Register: Yes / No

Staff Name: _____

Date: _____