

Working With Children Declaration for Centres

Section A

First name/s:	Surname:
Home address:	
Contact number:	Mobile:
Position/s held at the centre (e.g. coach, age manager, event official, committee member etc.)	
Children's name/s & age group/s:	

Section B

DO I NEED A WWC (WORKING WITH CHILDREN) CHECK?

Under the *Child Protection (Working with Children) Amendment (Statutory Review) Act 2018*, any person who has physical direct face-to-face contact with a person under 18, either in a **paid or volunteer role**, must hold a WWC Number. However, there are some roles where engaging with athletes in Little Athletics are not required to apply for a WWC Number because they fall into one of the exemption categories (parent volunteering directing with their own child's activity, administrative officer, canteen helper etc.). LANSW Policy document contains additional information and examples <https://lanswresourcehub.com/child-protection>. Additional information can also be obtained from Office of the Children's Guardian www.ocg.nsw.gov.au

Using the table below, please check the box or boxes that best describe your work at our centre. If you do multiple roles tick ALL boxes that apply. This will help determine whether you will require a WWC Number or whether you are only required to sign the declaration.

Which role applies to you?	I am a paid worker	I am under 18 years	I am a volunteer, and my child is not present in the activity	I am a volunteer, and my child is present in the activity
Coach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age Manager or Age Group Assistant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Member Protection Information Officer, Child Protection Officer, Grievance Officer etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Committee member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Official/event assistant at centre competition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administrative, clerical, maintenance or ancillary work (e.g. BBQ & canteen helpers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trainer or mentor of young officials, coaches etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IF YOU CHECKED ANY OF THE BLUE BOXES in Section B, YOU NEED A WORKING WITH CHILDREN CHECK. PLEASE complete SECTION C & E OVERLEAF.

IF YOU CHECKED WHITE BOXES ONLY, complete Section D and E

Working With Children Declaration

Section C

SURNAME	DATE OF BIRTH	APP/WWC NUMBER	EXPIRY DATE

- I do not have any criminal convictions or findings of guilt for sexual offences, offences related to children or acts of violence, and I do not have any criminal charge pending before the courts.
- I have not had any disciplinary proceedings brought against me by an employer, sporting organisation or similar body involving child abuse, sexual misconduct or harassment, other forms of harassment or acts of violence.
- To my knowledge there is no other matter that the centre or LANSW may consider to constitute a risk to its members, employees, volunteers, athletes or reputation by engaging me in a paid or voluntary position.
- I will notify the president (centre) or CEO (LANSW) of the organisation engaging me immediately upon becoming aware that any of the matters set out in clauses one to four has changed.

Section D

- I do not require a WWC Number for this role/s with Little Athletics, as I am exempt from the *Child Protection (Working with Children) Amendment (Statutory Review) Act 2018*.

Section E

I declare the information I have given above is true and correct:

Signature:

Date:

Parent/Guardian consent (to be completed only if declaration is made by a person under the age of 18 years)

I have read and understood the declaration provided above. I confirm and warrant that the contents of the declaration above as provided by my child or a child under my guardianship are true and correct in every particular.

Signature:

Date:

FOR OFFICE USE ONLY:

I, _____ have verified this APP/WWC Number **online** and sighted photoidentification.
Print name

Date verified	Signature of person verifying	Outcome of the verification
		<input type="checkbox"/> Cleared <input type="checkbox"/> Barred

A BARRED PERSON CANNOT WORK WITH CHILDREN