

Part 3: Current address of applicant

Residential address (must be an Australian address)

Unit number/street number/street name (with a gap between words)*

Suburb/town/locality*

State*

Postcode*

Postal address (must be an Australian address)

Same address as above

Unit number/street number/street name/PO Box (with a gap between words)*

Suburb/town/locality*

State*

Postcode*

Part 4: Previous residential address/es

Same as current residential address

Where you have lived elsewhere in the last five years, you must provide details of up to three previous residential addresses. If you do not know the full details of previous addresses or exact dates, record the suburb/s, state/s and the year you resided there. Please start with the most recent.

1. Previous residential address

Unit number/street number/street name (with a gap between words)*

Suburb/town/locality*

State*

Postcode*

Period of residence from To

DD MM YYYY DD MM YYYY

2. Previous residential address

Unit number/street number/street name (with a gap between words)*

Suburb/town/locality*

State*

Postcode*

Period of residence from To

DD MM YYYY DD MM YYYY

3. Previous residential address

Unit number/street number/street name (with a gap between words)*

Suburb/town/locality*

State*

Postcode*

Period of residence from To

DD MM YYYY DD MM YYYY

Part 5: Child-related work details

Category of child-related work (see "Categories of child-related work" in the guide)*

1 2

Type of employment*

Self-employed OR Paid employee/ Paid student OR Volunteer/ Unpaid student OR Paid managerial officer child care service OR Unpaid managerial officer child care service

Name of organisation where you engage in child-related work*

FOOTBALL WEST

Applicant's job title/role in child-related work*

REFEREE

Organisation's phone number

0 4 3 2 3 3 0 6 5 3

Part 6: Details of the employer, volunteer organisation or education provider

DO NOT COMPLETE THIS PART IF YOU ARE: self-employed, a paid or unpaid managerial officer (child care service category only) or have an exemption letter from the WWC Screening Unit.

Name of employer/volunteer organisation or education provider representative (this person must sign the Representative Declaration in Part 7)

Position of employer/volunteer organisation or education provider representative

Street address of employer/volunteer organisation or education provider representative (must be an Australian address)

Unit number/street number/street name (with a gap between words)*

I PROSPECT PLACE

Suburb/town/locality*

State*

Postcode*

WEST PERTH

WA

6 0 0 5

Postal address of employer/volunteer organisation or education provider representative

This is also the position and address to which your notice will be sent if your organisation has arranged for notices to go to a central location

Same address as above

Position to whom your notice will be sent

REFEREE COORDINATOR

Unit number/street number/street name/PO box (with a gap between words)*

PO BOX 214

Suburb/town/locality*

State*

Postcode*

MAYLANDS

WA

6 9 3 1

Part 7: Employer, volunteer organisation or education provider declaration

I certify that the applicant is, or is proposed to be, employed in child-related work as defined in section 6 of the Working with Children (Criminal Record Checking) Act 2004 for the organisation/person, or as procured by the education provider, named in Part 6 of this form. I know that it is an offence to give information for the purposes of the Act that is false or misleading in a material particular.

Signature of representative
Must be the person named in Part 6 above

Date signed* DD MM YYYY

Please sign within the box and use black ink

Part 8: Applicant declaration

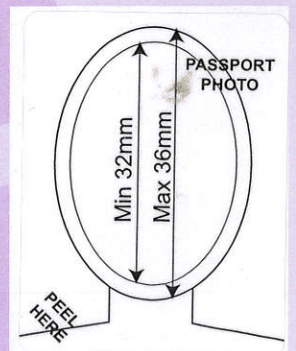
I declare that: all information given in this form and identification documents provided are true and correct; I have not omitted any names I use or have used in the past; I am in or propose to be in child-related work; I have read the contents of this form and the information attached; I provide my ongoing consent as explained in the information attached for ANY relevant information held about me by any person or agency to be disclosed for the purposes of the Working with Children (Criminal Record Checking) Act 2004; I consent for information about my application to be disclosed to the Working with Children Checks National Reference System and this declaration is true and I know that it is an offence to give information for the purposes of the Act that is False or misleading in a material particular.

Signature of applicant

Please sign within the box and use black ink

Date signed* DD MM YYYY

Your photograph will be taken by Australia Post at time of application
Secure photo face up*



Part 9: Australia Post use only

I declare the Photo ID sighted is a true likeness of the applicant. I have sighted and confirmed the Proof of Identity against original documentation.

Work centre code*

Date*

Verifier's signature*

DD MM YYYY