## **WORKING WITH CHILDREN CHECKLIST**

To be completed by the applicant requiring a Working with Children Check to be done on their behalf.

Staff Member's Detai	ls:				
Faculty/Office:  Family Name:  Staff No. (if new, leave blank):  Position Title:		Department:			
		Contact Number:			
			Workplace Details:		
			Age range of children:	☐ 0-5 years (Early Child	lhood)
☐ 5-12 years (Primary)					
☐ 12-18 years (Seconda	ary)				
Working with children:	☐ In a public school				
	☐ In a private school				
	☐ On campus				
	☐ Other – please specify	y:			
Attachments:					
-	•	complete and attach the following documents to this checklist your Staffing Advisor in Central HR:			
• • •	Declaration and Consent F nteer/Student Declaration F	form (Employees Only)" orm (Unpaid Volunteers and Students Only)"			
by a JP or copied		ID requirements – original forms of ID either copies certified ministrator and written thereon, original sighted, signed and			
		ill be sent a scanned copy of the clearance letter for your W Commission for Children and Young People which			
HR USE ONLY:					
Application sent to Commission for checking:		(inits) Date: / /			
Applicant and Department Notified:		(inits) Date: / /			

