

GUIDE FOR COMPLETING a WORKING WITH CHILDREN CHECK FORM for ADULTS VOLUNTEERING FOR SERVICE in ScoutsWA

The completion of a *Application for a Working with Children Check* form is a State Legislative requirement of all volunteers who work with children for five (5) times or more in a year. One of the other controls is when a volunteer will be involved with an overnight activity.

ScoutsWA recognises that as most adults involved with scouting are highly likely to assist in an overnight activity and/or are likely to assist on several scheduled meetings or activities we require all of our volunteers to complete the form and thereby assist them to comply with the Governments objectives, and the requirements under the *Working with Children (Criminal Record Checking) Act 2004*.

The application needs to be completed as soon as it is identified that a volunteer is going to be involved with children.

When filling out the form there are a number of do's and don'ts to keep in mind. Things to remember when completing the form are:

DO:

- Use **Black Pen** and write in clear BLOCK CAPITALS only.
- Use **one** letter or number for each box
- Leave an **empty box between words**, but **not** between numbers
- To **correct a mistake** on the form put a line through it ~~like this~~ and write the correction clearly to the right. If there is no space on the right, write as close to the correction as possible.
- Mark choices in the boxes indicated with an X, not a tick
- Be sure to **sign the declaration** in Part 8.
- Get your **Formation Leader to complete Parts 6 & 7**.

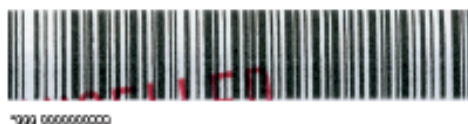
DO NOT:

- Write over the edges of the box
- Put a line through or strike out sections that are not relevant to you – just leave them blank.

The following pages are a representative layout of the current form introduced in 2007.

There are four types of guides and/or comments that have been superimposed on the forms to indicate how you should fill out the form. But remember that you must only use **Black Pen on the form**.

- The guide notes shown as **deep blue notes** in the **orange-bordered** note boxes give a description of what needs to be actioned at that particular part of the form.
- The entries in **BLACK** are the areas that apply to you specifically and therefore you must enter your own details as required.
- The entries shown in **blue** indicate where there is an option that you need to choose that applies to your particular circumstances.
- The entries in **GREEN** must be entered as they appear without alteration, as they are specific to all volunteers in ScoutsWA.



B1234567

Application for Working with Children Check

Issued under the Working with Children (Criminal Record Checking) Act 2004

Do not detach the Application Form until processed by Australia Post.

Please use **BLACK INK** and print within the boxes in **BLOCK LETTERS**. Use **CROSSES** in boxes marked with an ☐

Select one Sector in which you work

☐ Health Sector 01 OR ☒ Education and Training Sector 02 OR ☐ Other Sector 03

Scouts Australia is a Registered Training Organisation with the Federal Government

Part 1: Type of Application

☒ New Application OR ☐ Renewal

Select appropriate box.
If *renewing* application remember to include *Current Card/Notice Number*

Part 2: Details of Applicant

Title (eg Mr, Mrs, Ms, Miss, Dr, Rev etc)

MR

Family Name/Surname

SMITH

Given Name/s

ANTHONY PHILLIP

Preferred Name/s (complete only if different from given name/s)

TONY

Male ☒ Female ☐ X Date of Birth Daytime Contact Phone Number

12 04 1951 94402253

Email Address (in BLOCK LETTERS)

PAAP@IINET.NET.AU

Town of Birth

MELBOURNE

Country of Birth

AUSTRALIA

Other Names you have used (includes previous, maiden name/s etc)

Title (eg Mr, Mrs, Ms, Miss, Dr, Rev etc)

MR

Family Name/Surname

JONES

Given Name/s

JOHN EDWARD

If you have used previous names other than your current name you must list these in this section. This should include maiden name, names changed through deed poll and other names that you may have used.

Title (eg Mr, Mrs, Ms, Miss, Dr, Rev etc)

Family Name/Surname

Given Name/s

Title (eg Mr, Mrs, Ms, Miss, Dr, Rev etc)

Family Name/Surname

Given Name/s

Part 3: Current Address of Applicant

Residential Address (must be an Australian address)

Unit Number/Street Number/Street Name (with a gap between words)

U 2 2 6 M A L I N G A S T R E E T

Suburb/Town/Locality

M A D D I N G T O N

State

W A

Postcode

6 1 0 7

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

Enter your current address. This must be an Australian address.

Ensure to include your postal address if different to your residential address, otherwise place a cross in the **Same address as above** box.

Part 4: Previous Residential Address/es (list only Australian Addresses)

☒ Same as your current Residential Address

You must include **previous** residential addresses over the **last five years**. If you do not know the write the name of the town/s and the state/s. If you do not know the exact dates you lived in the resided there. Please list up to the four most current addresses, beginning with the most recent.

If you have not changed addresses in the past **5 years** or your previous address was overseas simply place an X in the **Same as your current Residential Address** box.

1. Previous Residential Address - please start with most recent (list only Australian addresses)

Unit Number/Street Number/Street Name/PO Box (with a gap between words)

Suburb

State

Postcode

Period of Residence from

To

D D M M Y Y Y Y D D M M Y Y Y Y

2. Previous Residential Address (list only Australian addresses)

Unit Number/Street Number/Street Name/PO Box (with a gap between words)

Suburb

Period of Residence from

To

D D M M Y Y Y Y D D M M Y Y Y Y

Only enter previous Australian addresses.

Enter previous addresses over the last 5 years. If you don't know full details enter town/s and states/s.

Ensure you enter the dates you lived there in the **Period of Residence** box.

3. Previous Residential Address (list only Australian addresses)

Unit Number/Street Number/Street Name/PO Box (with a gap between words)

Suburb

State

Postcode

Period of Residence from

To

D D M M Y Y Y Y D D M M Y Y Y Y

4. Previous Residential Address (list only Australian addresses)

Unit Number/Street Number/Street Name/PO Box (with a gap between words)

Suburb

State

Postcode

Period of Residence from

To

D D M M Y Y Y Y D D M M Y Y Y Y

Part 5: Child Related Employment Details

Category of Child Related Work (see page 1)

1 5

Type of Employment

☐ Self Employed OR ☐ Paid Employee OR ☒ Volunteer/Unpaid Position OR ☐ Paid Managerial Officer OR ☐ Unpaid Managerial Officer

Name of Organisation for which you undertake Child-related work

SCOUTS AUSTRALIA W.A. BRANCH

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

ADULT MEMBER

Organisation's Phone Number

9 3 2 1 2 8 1 4

Part 6: Details of the Employer or Agency

Self employed people, Managerial Officers of body corporates that are not complete this Part.

Name of Employer/Agency Representative (this person must sign and Employ)

Formation Leader's Name

Position of Employer/Agency Representative

Group Leader or Commissioner

Street Address of Employer/Agency Representative (must be an Australian address)

Unit Number/Street Number/Street Name (with a gap between words)

4 5 6 YULE STREET

Suburb/Town/Locality

MADDINGTON

WA 6107

Postal Address of Employer/Agency Representative (must be an Australian address)

This is also the position and address to which your notice will be sent

☐ Same address as above

Position to whom your notice will be sent

OFFICE MANAGER

Unit Number/Street Number/Street Name/PO Box (with a gap between words)

PO BOX 467

Suburb/Town/Locality

WEST PERTH

State

WA

Postcode

6872

Part 7: Employer/Agency Representative Declaration

I certify that the information within my knowledge in this application is true and correct. I am not providing any false or misleading information in this application form.

Your Formation's Leader must be the person to sign here.

By signing this declaration they are certifying that you are volunteering in "child related work" in ScoutsWA

Employer/Agency Representative
named in Part 6 above

Date signed DD MM YYYY

Please sign
within the box
and use black ink

Formation Leader's
signature

Part 8: Applicant Declaration

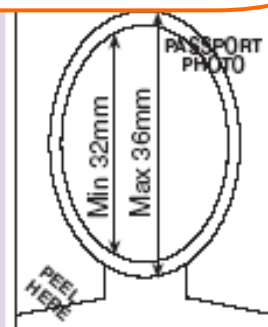
I certify that the information within my knowledge in this application is true and correct. I am not providing any false or misleading information in this application form. I acknowledge that I have read this information.

Signature of Applicant

Please sign
within the box
and use black ink

Date signed DD MM YYYY

You must sign and date this declaration to certify that the information you have provided is true and correct. Your signature must be WITHIN the white box



Make sure you have ALL evidence/documents that make up the necessary proof of identity with you when you have your meeting at Australia Post.

Page 4 of 4