## 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 <del>like this</del> 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*.







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# 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.

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Part 1: Type of Applicati	on						
X New Application OR	X Renewal	- Currons	· way			priate box. pplication rememb <i>Current Card/Noti</i> c	
Part 2: Details of Applic	ant				Number	Current Card/Notic	ce
Title (eg Mr, Mrs, Ms, Miss, Dr, R	ev etc)						
MR							
S M I T H					address	current name ar	ng
Given Name/s	01171	0			NAME).	me (NOT SCOUTIN	IG
ANTHONY							
Preferred Name/s (complete only	if different from gi	ven name/s)					
TONY Male Female X		Date of Birt			Daytime Contac	t Phone Number	
X X		12	W .	5 1		2 2 5 3	
Email Address (in BLOCK LETTER	RS)						
PAAP@IIN		ET.AU					
Town of Birth			Country of Birth				
MELBOURN	1 E		AUST	DAI	TA		
			.,	KAL	- I A		
Other Names you have used	(includes previ	ous, maiden name/		KAL	- I   M		
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### Part 3: Current Address of Applicant Enter your current address. This must be an Australian address. Residential Address (must be an Australian address) Unit Number/Street Number/Street Name (with a gap between words) U 2 2 6 MALINGA STREET Suburb/Town/Locality State Postcode MADDINGTON W A 6107 Postal Address (must be an Australian address) Ensure to include your postal address if different to your X Same address as above residential address, otherwise Unit Number/Street Number/Street Name/PO Box (with a gap between words) place a cross in the Same address as above box. Suburb/Town/Locality State Postcode Part 4: Previous Residential Address/es (list only Australian Addresses) you have not changed addresses in the past 5 years or Same as your current Residential Address your previous address was overseas simply place an X in the You must include previous residential addresses over the last five years. If you do not know the Same as your current Residential write the name of the town/s and the state/s. If you do not know the exact dates you lived in the Address box. resided there. Please list up to the four most current addresses, beginning with the most recent. 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 Only enter previous Australian addresses. 2. Previous Residential Address (list only Australian addresses) Enter previous addresses over Unit Number/Street Number/Street Name/PO Box (with a gap between words) the last 5 years. If you don't know full details enter town/s and states/s. Suburb Ensure you enter the dates you lived there in the Period of Period of Residence from To 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 Tο 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 Tο

### Part 5: Child Related Employment Details

Category of Child Related Work to

1 5

Type of Employment

All Adult Members of Scouting are highly likely to assist in an overnight activity at some stage. As such category 15 must be used. Note that exceptions are not applicable for Parents under this category.

**Adult Members are classified as Volunteer** 

Paid Employee ORX Volunteer/Unpaid Position OR X Paid Managerial Officer OR X Unpaid Managerial Officer Self Employed OR Name of Organisation for which you undertake Child-related work

W . A . BRANCH SCOUTS AUSTRALIA

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

Organisation's Phone Number

ADULT MEMBER

93212814

Part 6: Details of the Employer or Agency

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

Name of Employer/Agency Representative (this persentative)

Your Formation's Leader must be the person nominated here.

I.e. your Group Leader if you are in a group or your Commissioner if you are a Group Leader or in a formation other than a Group.

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)

456 YULE STREET Your Formation's address should be entered here. I.e. your Scout Hall or the place you use most for Scouting.

Suburb/Town/Locality

MADDINGTON

For consistency and so that the Association can maintain a register of volunteers working for it, THE

WA

MUST

BE

This is also the position and address to which your notice will be **DETAILS** SHOWN HERE

Same address as above

Suburb/Town/Locality

Position to whom your notice will be sent

OFFICE MANAGER

You will receive a copy of the letter containing the outcome of the Check.

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

Postal Address of Employer/Agency Representative (must be an Au-

BOX 467 P 0

State Postcode

PERTH WEST

I certify that the information within my k

the applicant is/will be employed in chi

Part 7: Employer/Agency Re

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

UNCHANGED.

By signing this declaration they are certifying that you are volunteering in "child related work" in ScoutsWA false or misleading information in this approach

er/Agency Representative gamed in Part 6 above

6107

ENTERED

6872

Date signed D.D. W.W. Y.Y.Y.Y.

riedse sigli within the box and use black ink Formation Leader's signature

W A

Part 8: Applicant Declaration

I certify that the information within my knowledge in this application is true and correct. I am information on this application form. I consent to the WWC Screening Unit or an Approved 9 record, and making use of that information for initial and ongoing checking in the ways described attached to this form. I acknowledge that I have read this information.

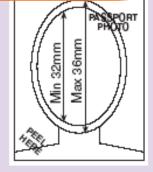
You must sign and date this declaration to certify that the information you have provided is true and correct.

Your signature must be WITHIN the white hox

Signature of Applicant

Please sign within the box and use black ink

Date signed D D V V Y Y Y



Part 9: Australia Post Use Only - Evidenc	e of Identity (Imp	portant: Original Documents Must be Stabled	
Has an Alternate ID Letter been sighted?	Yes 🕨 You do not	need to complete the Evident evidence/documents that n	ALL nake
X	No ▶ You MUST	complete the Evidence of Ide up the necessary proof identity with you when you	
X Letter of Exemption from completing Parts 6 and 7.		your meeting at Australia Pos	
Proof of Identity Documentation. Identity can only b	e accepted with one of	f the following combinations:	
Combination 1 OR Combination 2  A + B  B + 3 x C	OR Com	bination 3 OR X C Combination 4 (under 18 years)	
See Section 4 on page 6 and 7 of the instructions	s for the requireme	· · · · · · · · · · · · · · · · · · ·	
Category A	4 0 0 0	Expiry Date Checked	
rou may only acc one category it becamen		ints (must be current)	
Current Passport	X 70 ♦	X Number	
An expired Passport (no more than 2 years)	X 70 ♦		
Australian Citizenship Certificate	X 70 ♦	Country of Issue	
Australian Birth Certificate	X 70 ♦	X	
Birth Card	X 70 ♦	Expiry Date	
Other documents having the same characteristics as a passport	70 ♦	X DD MM YYYYY	
Category B		Number	
Drivers Licence	X 40 ▶	. X	
Other Licence or Permit	X 40 ₽	X State of Issue	
A Tertiary Student Identification Card	X 40 ₽	X	
Department of Veterans Affairs (DVA) Card	X 40.€	Name of education/government agency (if applicable)	
Centrelink Card	X 40 I	X	
Government Employee ID	X 40 ₽	X	
Category C	-	Category D (under 18 years of age)	
Medicare Card	X 25 ▶	A letter from an educational institution that the chil-	d .
Credit card or account card	X 25 ▶	attends verifying the identity of the child signed by	
Bank statement	X 25 <b>▶</b>	the Principal or Administrator of that institution	
Motor vehicle registration or insurance papers	X 25 ▶		Į,
Property rates notice	X 25 <b>▶</b>	A student identification card containing a copy of the	he 🗡
Property Lease agreement	X 25 <b>▶</b>	seal or stamp of the institution	
Home Insurance papers	X 25 <b>♦</b>		
Utilities Notice	X 25 <b>♦</b>		
Records of primary, secondary or tertiary education	X 25 <b>▶</b>		
Records from a current or previous employer	X 25 ▶		
Records of a professional or trade association	X 25 <b>♦</b>		
ADD TOTAL POINTS (must be 100 points or more	) •		
		(Important: Original Documents MUST be Sighted)	
•	•	urrent name and the documents presented include either an Australian	
V V		of of name change is required one of the documents below must be sig	
	/ Certificate of Marriag	Registration of name change (deed poll) X Decree Nisi	
Part 11: Australia Post Use Only			
Confirm X Date of birth sighted X F	Photo ID sighted	X Current address sighted X Signature Sighted	
I declare the Photo ID sighted and photo presented are be documentation.	oth a true likeness of th	ne Applicant. I have sighted and confirmed the evidence against origin Post Officer's Signature	nal
Work Centre Code Date		, set shiotiv eightuni	
DID M M	YYYY		
0 0 111111			