

Exempt from obtaining a WWCC Declaration Form

ection 1: Applicant'	s Identification Details		
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orn	declare that I'm 'working f	or	
ection 2: Statement by A do not have a WWCC Cle ate that:	Applicant earance Number and am exempt from requir	ng one or am not seeking to be engago	ed in child-related work; therefore,
I have not been char	ged with an offence relating to children or yo	ung people.	
I have not been the	subject of a police investigation relating to ch	ldren or young people.	
I have not had discip	linary action taken against me in a workplace	regarding my interaction with a child of	or young person.
· ·	ed person" on the Child Protection Register uted person to apply for, attempt to obtain, ur		
offence for me to un indecent assault, mu	ied person" as defined in section 18 of the C dertake child-related work if I have been conv order of a child, sexual intercourse with a chil o commit such offences).	icted of the offences detailed in that se	ction of the Act (the offences include
Clearance Number (Catholic Diocese of I	then I turn 18 years of age, I need to apply for employee or volunteer as appropriate) from Maitland-Newcastle, and I give consent for th on when I submit my Clearance number to th Ill be: (please fi	the Office of the Children's Guardian (e Diocese to verify my Clearance with t	OCG) and provide it to the
ection 3: Declaration by	Applicant		
	ese does not tolerate ill-treatment of childrer ice of the Church or any Code of Conduct that	•	ehaviour standards in my role- sucl
	rstood the information above and know than a) Act 2012 if I am uncertain whether I am a d		e definitions in the <i>Child Protection</i>
	iding false or misleading information on this ome for engagement with the Diocese of Mait		on and will be considered during any
Signature:		Date:	
	pplicant's Identity t be sighted and checked by an employee of by filling in this section and signing underned	-	
have conducted a Proof attest to their identity.	of Identity Check for the person named abov	e OR I have known the applicant for a r	minimum of 12 months and can
Signature:		Date:	
 ALL information on this fo	m must be checked as correct, particularly spelli	 ng of names and dates of birth. Please co	mplete the information required on a

blank form, using clear PRINT (not script/running writing). Ensure that the applicant and diocesan worker signs the form. Once completed submit this first

page only to Catholic Dioceses of Maitland – Newcastle (scanned as attachment to an email). E-mail: www.cedmn.catholic.edu.au