## Form 2 Declaration



## Declaration form for all Church workers (paid and unpaid) who work with children

Legislation in Western Australia has at its core the principle that the welfare of children must be of paramount consideration. The Perth Archdiocese therefore asks that everyone working or volunteering for the Church who will come into contact with children

|  | of children complete and sign this   | -   | e charen who will co   | me med contact with emidren     |  |
|--|--|---|------------------------|---------------------------------|--|
|  | osecutions pending or have you ev<br>n matter? (please tick)                 | er been convicted of a co   | riminal offence that r | elates                          |  |
| Y  | If yes, please state below the   | If yes, please state below the nature and year(s) of the offence(s) |                        |                                 |  |
| Nature of offence                          |  |   |                        | Year(s)                         |  |
|  | that would preclude you from wor   |   |                        |                                 |  |
| Y N  | If yes, please give details, inc   | luding date(s), below   |                        |                                 |  |
|  |  |   |                        |                                 |  |
| Full name (print)                          |  |   |                        |                                 |  |
| Any surname previo                         | ously known by   |   |                        |                                 |  |
| Address                                    |  |   |                        |                                 |  |
| Date of birth                              |  | Place of birth  |                        |                                 |  |
| Declaration                                |  |   |                        |                                 |  |
|  | f it is found that I have withheld in<br>ost, whether paid or voluntary, wit |   |                        |                                 |  |
| I hereby declare th                        | e information I have provided is ac  | ccurate.  |                        |                                 |  |
| Signed                                     |  |   | Dated                  |                                 |  |
| Note: Where a conv<br>of the Director Safe | riction or prosecution is indicated or granding Program.                     | on the Declaration Form,  | that information wil   | l be brought to the attention   |  |
| Parish Safeguardin                         | g Officers,  |   | Cl<br>                 | ergy please return this form to |  |

please return this form to:

The Catholic Administration Centre:

Director Safeguarding Program

Support Officer Clergy liaison

T 08 9221 7763 F 08 9325 7459 E safeguarding@perthcatholic.org.au A Catholic Archdiocese of Perth . 29 Victoria Square Perth . WA . 6000

A PO Box 3311 . East Perth . 6892