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| Safety Screening Statutory Declaration |
| International police history check  Award Recipients |
| OFFICIAL |

# Purpose

Recipients of awards administered by the Department of Health and Human Services (the department) and appointments to boards associated with the department must meet its stringent safety screening requirements. This includes a national police check **and** a statutory declaration relating to overseas, see below.

**Potential award recipients and board appointees must complete the following:**

## The declaration

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ declare that I:-

do not have any charges laid against me by police concerning any offence committed in Australia or in another country in the past;

do not have any offence/s of which I have been found guilty, committed in Australia or in another country in the past;

do not have any findings of improper or unprofessional conduct by any Court or Tribunal of any kind;

am not being or ever have been investigated by an employer, law enforcement agency or any integrity body or similar in Australia or in another country;

do not have any disciplinary action taken against me by any current or former employer that led to the employment relationship ending, regardless of whether my employment was terminated due to misconduct or that I resigned prior to the matter being concluded

## The agreement

I acknowledge that providing false or misleading information in relation to my appointment as an award recipient or to a board associated with the department may result in my appointment being terminated.

I acknowledge that this declaration and agreement is true and correct, and I make it with the understanding and belief that a person who makes a false declaration is liable to the penalties of perjury.

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| Declared at (address) |  | | | |
| on this day (e.g. Monday) |  | | Date |  |
| Signature of person making this declaration (to be signed in front of an authorised witness) | |  | | |
| Before me (print name of witness) |  | | | |
| on this day (e.g. Monday) |  | | Date |  |
| Signature of authorised witness  Title  Address |  | | | |

**The authorised witness must print or stamp his or her name, address, and title under section 107A of the *Evidence (Miscellaneous Provisions) Act 1958*(Vic.). (e.g. justice of the peace, pharmacist, police officer, court registrar, bank manager, medical practitioner, dentist, some public servants).**

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