

MEMBER PROTECTION DECLARATION



Surf Life Saving Australia (SLSA) and Surf Life Saving New South Wales (SLSNSW) have a duty of care to all those associated with the organisation and to the individuals and organisations to whom the SLSA Member Protection Policy (MPP) applies. As a requirement of the MPP, SLSA & SLSNSW must enquire into the background of its members.

I born/...../.....
(Name) (Date of birth)

a ~~worker~~ volunteer with **Sawtell** SLSC/~~Branch~~
(Name of Club / Branch)

of.....
(Home address)

Sincerely declare:

1. I am not the subject of any criminal investigation.
2. I do not have any criminal charge pending before the courts.
3. I do not have any criminal convictions or findings of guilt including for sexual offences, offences related to children or acts of violence including domestic violence.
4. I have not had any workplace behaviour or disciplinary proceedings brought against me by an employer, sporting organisation or similar body involving child abuse, sexual misconduct or harassment, other forms of harassment or acts of violence.
5. I have never had a working with children check application rejected.
6. I am not currently serving a sanction for an anti-doping rule violation under an ASADA approved anti-doping Policy applicable to me.
7. I will not participate in, facilitate or encourage any practice prohibited by the World Anti-Doping Agency Code or any other ASADA approved anti-doping Policy applicable to me.
8. To my knowledge there is no other matter that SLSNSW may consider constitutes a risk to its members, employees, volunteers, athletes or reputation by my involvement in surf lifesaving whether in a paid or voluntary position.
9. I will notify the President or General Manager or CEO of the organisation(s) engaging me immediately upon becoming aware that any of the matters set out in clauses 1 to 6 above has changed.

I acknowledge that should I falsely or mistruthfully declare any of the above I will be automatically expelled from Surf Life Saving (at all levels) nor will I be eligible for membership subject always to the discretion of SLSNSW. I further acknowledge there is no appeal from such sanction.

Declared in the State of New South Wales on/...../.....
(Date)

Signature.....

PROOF OF IDENTIFICATION

Persons signing this form must also show proof of ID.

Administror Name: ID Sighted:

ID type (and No. if applicable):

Date:/...../.....

Surf Life Saving New South Wales

PO Box 307
Belrose NSW 2085
3 Narabang Way
Belrose NSW 2085

t. +61 2 9471 8000
f. +61 2 9471 8001
w. surflifesaving.com.au
ABN 93 827 748 379

PARENT / GUARDIAN CONSENT (To be completed only if declaration is completed by a person under the age of 18 years)

I have read and understood the declaration provided above. I confirm and warrant that the contents of the declaration above as provided by my child or a child under my guardianship are true and correct in every particular.

Name:

Signature: Date:/...../.....

WHEN COMPLETED RETURN THIS FORM TO YOUR CLUB

Forms must be returned to the club that the person completing the form works or volunteers with.
This form will be held securely on file by the organisation that the person works or volunteers with.