

## Visitor, Specified Volunteer and Contractor Form and Declaration

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Organisation (if applicable): \_\_\_\_\_

WWCC Number: \_\_\_\_\_ Expiry: \_\_\_\_\_

By signing this form, I declare that I have received and read the Willmot Public School Health and Safety Induction Briefing booklet. I understand that if I have questions or concerns regarding the Willmot Public School Health and Safety Induction Briefing booklet, that I can discuss this with the Principal.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICE USE ONLY

Completed and received:

- ☐ Declaration for contractors with workers in child related roles OR
- ☐ Declaration for child-related workers OR
- ☐ Declaration for non-child-related workers
- ☐ Government-issued photo identity document with full name, date of birth and current residential address and, if relevant, one change of name document. It may be required to show/provide more than one identity document if they don't have a single document that contains all the required information stated above. The Department may verify any document with the issuing authority.
- ☐ Signed Declaration
- ☐ Entered in WWC Register

Staff Name: \_\_\_\_\_ Date: \_\_\_\_\_