



**WORK HEALTH SAFETY MANAGEMENT SYSTEM**

**Member Protection Declaration Form WHS 1300**

Issued by: **WHS**

Effective Date: 2 Apr 14

Rev: **A**

Page 1 of 1

Hockey NSW has a duty of care to everyone associated with hockey and to the individuals and organisations to whom the Hockey Australia National Member Protection Policy applies. In accordance with the National Member Protection Policy, Hockey NSW must enquire into the background of those who undertake any work, coaching or regular unsupervised contact with people under the age of 18 years.

All coaches, managers, referees and any other persons in either a paid or voluntary capacity who are aged over 16 years and are working or volunteering with children (under 18 years) **MUST** complete this declaration and return it to their club or association.

I .....a Male/ Female worker/volunteer  
(Full Name – Given and Surname) (select Gender)

with....., born ...../...../.....,  
(Name of Club / Association) (Date of birth)

..... of.....  
(Place of Birth) (Country of Birth) (Home address)

Sincerely declare:

1. I do not have any criminal charge pending before the courts.
2. I do not have any criminal convictions or findings of guilt for sexual offences, offences related to children or acts of violence.
3. I have not had any 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.
4. I am not currently serving a sanction for an anti-doping rule violation under an ASADA approved anti-doping Policy applicable to me.
5. 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.
6. To my knowledge there is no other matter that HA or HNSW may consider to constitute a risk to its members, employees, volunteers, athletes or reputation by engaging me in a paid or voluntary position.
7. I will notify the President or General Manager or CEO of the organisation(s) engaging me immediately in writing upon becoming aware that any of the matters set out in clauses 1 to 6 above has changed.

Unless set out below, I have not changed my name or used a different name.

Previous or Other Name:.....

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

Signature.....

Persons signing this form must also show proof of ID.

Administrators to tick box when ID sighted.

If the person signing the declaration is under 18 years their parent/guardian must also complete the Consent below.

**Parent/Legal Guardian Consent (In respect of person under the age of 18 years)**

I have read and understood the declaration provided by my child. I confirm and warrant that the contents of the declaration provided by my child are true and correct in every particular.

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

Full Name.....Signature.....

Authorised by:	Title:	Page: <b>1</b>
Version Date:	Next Review:	No of Pages: <b>1</b>