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CONFIDENTIAL DECLARATION

This form is for persons requiring access to schools who are *not* employees of the Department of Education Western Australia

Please place a tick in one of the boxes below.

(1)	I declare that I do not have any convictions, circumstances or reasons that might preclude my working with or near children.	<input type="checkbox"/>
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or

(2)	I declare that I do have convictions, circumstances or reasons that might preclude my working with or near children. The nature of these convictions, circumstances or reasons is outlined below.	<input type="checkbox"/>

I certify the accuracy of the above information. I am aware that I may be required to provide a police clearance if it is considered necessary to verify the information.

Name: _____ Date: _____
[BLOCK PRINT PLEASE]

Signature: _____

Company: [if relevant] _____

Address: _____

Telephone: _____

School: _____