

MEMBER PROTECTION DECLARATION



SLSA & 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 applies. As a requirement of the Member Protection Policy, SLSA & SLSNSW must enquire into the background of its members.

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

a worker/volunteer with North Curl Curl SLSC
(Name of Club / Association / Branch)

of
(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 SLSNSW 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 upon becoming aware that any of the matters set out in clauses 1 to 6 above has changed.

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

Signature

Persons signing this form must also show proof of ID.

Administrator 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 / 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)

NGCSLSC - this form for 18 yrs and older - this consent not applicable

WHEN COMPLETED RETURN THIS FORM TO YOUR CLUB

Forms must be returned to the club / branch or state centre 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.

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. surf lifesaving.com.au
ABN 93 827 748 379