

**HASTINGS NEIGHBOURHOOD SERVICES
CHILDREN'S SERVICES – OOSH and Vacation Care**



**APPLICATION & PROHIBITION NOTICE DECLARATION
FOR PROSPECTIVE EMPLOYEES**

- The declaration may be completed by any prospective staff member seeking employment or engagement with an education and care service
- This form is designed to support approved providers to ensure they do not engage or employ a person who is prohibited from working in an education and care service, in line with Section 188 of the Education and Care Services National Law
- Completed forms should be retained and stored by the approved provider to support compliance with Section 188 of the Education and Care Services National Law

PERSONAL DETAILS:

Please complete the following:

Title		First Name	
Last Name		Mobile Number	
Phone Number		Date of Birth	
Email			
Address			
Please provide details of any former names or other names you may be known by			
Questions	Yes	No	
Are you currently subject to a prohibition notice under the Education and Care Services National Law? <ul style="list-style-type: none"> • Please note that under Section 187 of the Education and Care Services National Law, a person who is subject to a prohibition notice is not allowed to work for or be engaged by an education and care service or carry out any other related activity 			
Are you currently prohibited or restricted from working with children under any other law?			
Do you have a Workers Compensation claim in progress?			
Are you fit, well and able to meet the requirements of the position? If NO, please provide details			

Do you have an objection to a referee check? <ul style="list-style-type: none"> A Referee Check will be completed for the preferred applicants for this position. Please provide details of a suitable work referee for us to contact 		
Do you have a registered motor vehicle?		
If YES, is it comprehensively insured?		
The hours for this position vary during school terms and school holidays. Hours are detailed in the position description provided for you to apply for this position. Are you able to commit to the proposed hours?		
Have you attached a letter of application addressing the Essential and Desirable criteria as detailed in the position description and a copy of your current Resume detailing your work history and experience?		
Referee Name and Contact Number		
Referee Place of Work		

DECLARATION:

I,(insert the full name of the person signing the declaration)
declare that:

1. The information provided on this form is true, complete, and correct
2. The approved provider or a representative of the approved provider is authorised to verify any information provided in this form
3. I am aware that under the Education and Care Services National Law penalties apply if false or misleading information is provided

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