

# Sample WWCC Hard Copy Application Form | for new applications and renewals

\*Forms to be collected from Australia Post Outlets\*



\*2655 C 2347097 4

## Application for a Working with Children Check

Issued under the *Working with Children (Criminal Record Checking) Act 2004*

### CONTACT US

Website: [www.workingwithchildren.wa.gov.au](http://www.workingwithchildren.wa.gov.au) Call Centre: (08) 6217 8100 or 1800 883 979 (country callers) Email: [checkquery@cpfs.wa.gov.au](mailto:checkquery@cpfs.wa.gov.au)

DO NOT COMPLETE this form if applying for a replacement card. Contact the WWC Screening Unit for assistance with these.

DO NOT DETACH THE APPLICATION FORM UNTIL PROCESSED BY AUSTRALIA POST.

Please use **BLACK INK** and print within the boxes in **BLOCK LETTERS**. Use **CROSSES** in boxes marked with an **X**

### Part 1: Type of application

If you are renewing your WWCC provide your current card number

☐ New application OR ☐ Re-application Current card/notice number

### Part 2: Details of applicant

Complete Part 2 below

Title (eg Mr, Mrs, Ms, Miss, Dr, Rev etc)

Family name/surname\*

Given name/s\*

Preferred name/s (complete only if different from given name/s - this name will not appear on the card)

Male\* Female\* X\*

Date of birth\*

Daytime contact phone number

Western Australian driver's licence number

Email address (in BLOCK LETTERS)

Town of birth\*

Country of birth\*

All name/s under which you are known or have been known (including maiden names)

Title (eg Mr, Mrs, Ms, Miss, Dr, Rev etc)

Family name/surname\*

Given name/s\*

Title (eg Mr, Mrs, Ms, Miss, Dr, Rev etc)

Family name/surname\*

Given name/s\*

Title (eg Mr, Mrs, Ms, Miss, Dr, Rev etc)

Family name/surname\*

Given name/s\*

**Part 3: Current address of applicant****Residential address (must be an Australian address)**

Unit number/street number/street name (with a gap between words)\*

Suburb/town/locality\*

State\*

Postcode\*

**Postal address (must be an Australian address)**☒ Same address as above

Unit number/street number/street name/PO Box (with a gap between words)\*

Suburb/town/locality\*

State\*

Postcode\*

**Part 4: Previous residential address/es**☒ Same as current residential address

Where you have lived elsewhere in the last five years, you must provide details of up to **three** previous residential addresses. If you do not know the full details of previous addresses or exact dates, record the suburb/s, state/s and the year you resided there. **Please start with the most recent.**

**1. Previous residential address**

Unit number/street number/street name (with a gap between words)\*

Suburb/town/locality\*

State\*

Postcode\*

Period of residence from

To

DD MM YYYY DD MM YYYY

**2. Previous residential address**

Unit number/street number/street name (with a gap between words)\*

Suburb/town/locality\*

State\*

Postcode\*

Period of residence from

To

DD MM YYYY DD MM YYYY

**3. Previous residential address**

Unit number/street number/street name (with a gap between words)\*

Suburb/town/locality\*

State\*

Postcode\*

Period of residence from

To

DD MM YYYY DD MM YYYY

**Part 5: Child-related work details**

Category of child-related work (see "Categories of child-related work" in the guide)\*

**11**

Add category number 11 and select type of employment below

Type of employment\*

☒ Self-employed OR ☒ Paid employee/  
Paid student OR ☒ Volunteer/  
Unpaid student

OR

☒ Paid managerial officer  
child care service

OR

☒ Unpaid managerial officer  
child care service

Name of organisation where you engage in child-related work\*

ANGLICAN DIOCESE OF PERTH

Applicant's job title/role in child-related work\*

Organisation's phone number

08 9425 7200

Organisation for child-related work is the 'Anglican Diocese of Perth'



Clergy leave Part 6 and Part 7 **BLANK** and send to the Diocese for Davina Goldthorpe, the Safe Ministry Services Manager to complete

Volunteers and staff must have Part 6 completed by the Parish Priest. If the parish does not have a parish priest (where there is no Parish Priest – a Locum, Warden or LPM are authorised to sign instead). If no authorised person can sign, please send your completed form to, the Safe Ministry Services Manager to complete.

## Part 6: Details of the employer, volunteer organisation or education provider

**DO NOT COMPLETE THIS PART IF YOU ARE: self-employed, a paid or unpaid managerial officer (child care service category only) or have an exemption letter from the WWC Screening Unit.**

Name of employer/volunteer organisation or education provider representative (this person must sign the Representative Declaration in Part 7)

WILLIAM JOHN BROWN

Position of employer/volunteer organisation or education provider representative

PARISH PRIEST

Street address of employer/volunteer organisation or education provider representative (must be an Australian address)

Unit number/street number/street name (with a gap between words)\*

LEVEL 5 3 PIER STREET

Suburb/town/locality\*

PERTH

State\*

WA

Postcode\*

6000

Postal address of employer/volunteer organisation or education provider representative

This is also the position and address to which your notice will be sent if your organisation has arranged for notice

☒ Same address as above

Position to whom your notice will be sent

SAFE MINISTRY SERVICES MANAGER

Unit number/street number/street name/PO box (with a gap between words)\*

GPO BOX W2067

Suburb/town/locality\*

PERTH

State\*

WA

Postcode\*

6846

**IMPORTANT** | This section requires the Safe Ministry Services Manager and Diocesan postal address

## Part 7: Employer, volunteer organisation or education provider declaration

I certify that the applicant is, or is proposed to be, employed in child-related work as defined in section 6 of the *Working with Children (Criminal Record Checking) Act 2004* for the organisation/person, or as procured by the education provider, named in Part 6 of this form. I know that it is an offence to give information for the purposes of the Act that is false or misleading in a material particular.

Date signed\*

DD MM YYYY

Please sign within the box and use black ink

Signature of representative

Must be the person named in Part 6 above

To be signed and dated by the person in Part 6

## Part 8: Applicant declaration

I declare that: all information given in this form and identification documents provided are true and correct; I have not omitted any names I use or have used in the past; I am in or propose to be in child-related work; I have read the contents of this form and the information attached; I provide my ongoing consent as explained in the information attached for ANY relevant information held about me by any person or agency to be disclosed for the purposes of the *Working with Children (Criminal Record Checking) Act 2004*; and this declaration is true and I know that it is an offence to give information for the purposes of the Act that is false or misleading in a material particular.

Signature of applicant

Please sign within the box and use black ink

Date signed\*

DD MM YYYY

Sign and date here once Part 6 and Part 7 have been completed by the relevant person

Your photograph will be taken by Australia Post at time of application  
Secure photo face up\*

## Part 9: Australia Post use only

I declare the Photo ID sighted is a true likeness of the applicant. I have sighted and confirmed the Proof of Identity against original documentation.

Verifier's signature\*

Work centre code\*

DD MM YYYY

Date\*

DD MM YYYY

DD MM YYYY

DD MM YYYY

DD MM YYYY