

**Disability Worker Exclusion Scheme:
Consent and Acknowledgement Form**

STF007-AD



The Disability Worker Exclusion Scheme was introduced in September 2014 by the Department of Human Services to ensure that people who pose a threat to the health, safety or welfare of people with a disability are excluded from working in disability residential services in Victoria.

Included in all Cooinda Position Descriptions provided in response to advertised direct service Residential or Respite positions are the following:

Document	Action by Applicant
1. A DHS information sheet about the Disability Worker Exclusion Scheme	Please carefully read the DHS Information sheet provided.
2. Disability Exclusion Scheme: Consent and Acknowledgment form (<i>this form</i>)	Complete the Consent and Acknowledgement section at the bottom of this page and return it with your written application. If consent and acknowledgement is not provided, the applicant is not able to be considered for the position
3. Cooinda Disability Services Inc. Pre-Employment Declaration of disclosure form	Must be signed and witnessed and returned with your written application.

If you have any questions about the scheme please contact the Chief Executive Officer or General Manager at Cooinda on 03 5592 1533

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Consent and Acknowledgement

Please read the following statement and sign below:

I am aware that the Department of Human Services (the department) operates a Disability Worker Exclusion Scheme (scheme) and has a Disability Worker Exclusion List (the list).

By submitting this job application I consent to my name being checked against the list for the purpose of assessing my job application.

I also consent to the department collecting personal information and sensitive personal information about me, including relating to any criminal and employment history of mine, for the purposes of the department compiling and maintaining the list.

I accept that if my name is on or is placed on the list, I will be unable to work as a disability worker in a disability residential service directly provided or funded by the department.

Name: _____

Signature: _____ Date: _____



**Disability Worker Exclusion Scheme:
Pre-Employment Declaration of Disclosure**

STF008-AD

Disability Worker Exclusion Scheme was introduced in September 2014 by the *Department of Health & Human Services* to ensure that people who pose a threat to the health, safety or welfare of people with a disability are excluded from working in disability residential services in Victoria. An information sheet about the scheme is now included with all Cooinda Position Descriptions along with this declaration of disclosure form.

(This form must be attached to your written application for any direct service role at Cooinda Residential Services including Respite)

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I _____ (Full name)

of _____ (Address)

do solemnly and sincerely declare that I have fully disclosed in writing to Cooinda Terang Inc. all details of:

- any charges laid against me by police concerning any offence committed in Australia or in another country in the past
- any offence of which I have been found guilty, committed in Australia or in another country in the past
- any formal disciplinary action taken against me by any current or former employer
- any finding of improper or unprofessional conduct by me by any Court or Tribunal of any kind
- any investigations I have been the subject of by an employer, law enforcement agency or any integrity body or similar in Australia or in another country
- and that a copy of my responses to the above issues, which I have provided to Cooinda as part of the recruitment process to a position at Cooinda is attached hereto.

I acknowledge that this declaration is true and correct and I make it with the understanding and belief that a person who makes a false declaration is liable to the penalties of perjury.

Declared at _____

on the _____ day _____ of 20_____

Signature of person making this declaration:
(To be signed in front of an authorised witness)

Before me: _____ (Signature of Authorised Witness)

The authorised witness must print or stamp his or her name, address, and title under section 107A of the Evidence (Miscellaneous Provisions) Act 1958 (Vic). (e.g. Justice of the Peace, Pharmacist, Police Officer, Court Registrar, Bank Manager, Medical Practitioner, Dentist, some public servants)

Return this form with your written application.