Disability Worker Exclusion Scheme

Consent and Acknowledgment Form

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

I consent to my personal details being provided to the department for the purpose of checking against the List.

I consent to the department collecting personal information and sensitive personal information about me, including information relating to any criminal, disciplinary 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 prevented from being engaged by a disability service provider (as defined in the *Disability Act 2006*) as:

A Disability Worker, being a person engaged by a disability service provider who:

- (i) provides, or supervises or manages a person who provides, direct support to a person with a disability, and
- (ii) has direct contact or access to a person with a disability

and excluded from any work at the disability service that falls within the definition of:

Excluded Work being work at a disability service:

- (i) as a Disability Worker, or
- (ii) that involves regular direct contact with or access to a person with a disability.

I agree that the department may inform any disability service provider or authorised labour hire agency that has engaged me that I am on the List, or that I am the subject of a Notification by a disability service provider.

I agree to inform **Cooinda** of the name and address of any other disability service provider I am, or intend to be, engaged by.

Full Name	
Address	
Telephone	
Email	
Signature	
Date	

Cooinda and the department are committed to protecting your privacy. **Cooinda** and the department collect and handle personal and sensitive information for the purposes of the operation of the Disability Worker Exclusion Scheme.

In order to manage the Disability Worker Exclusion Scheme, the department may share your personal information with external parties such as other disability service providers.

For more information on the department's privacy collection, please refer to the department's privacy policy or visit our website on www.dhhs.vic.gov.au/privacy

You may request to access your information that is provided to **Cooinda**. **Cooinda** can be contacted on **03 5592 1533 or admin1@cooindaterang.org.au** or you may contact the department's Privacy Unit by emailing privacy@dhhs.vic.gov.au.



Statutory Declaration

Pre-employment screening for Disability Workers

[address] o solemnly and sincerely declare that I have fully disclosed in writing to Cooinda, all details of: ny charges laid against me by police concerning any offence committed in Australia or in another country in the past ny offence of which I have been found guilty, committed in Australia or in another country in the past ny formal disciplinary action taken against me by any current or former employer ny finding of improper or unprofessional conduct by me by any Court or Tribunal of any kind ny investigations I have been the subject of by an employer, law enforcement agency or any integrity body or millar in Australia or in another country nd that a copy of my responses to the above issues which I have provided to Cooinda as part of the scruitment process to a position of Cooinda is attached hereto. acknowledge that this declaration is true and correct, and I make it with the understanding and belief that a erson who makes a false declaration is liable to the penalties of perjury. eclared at this day of 20 Signature of person making this declaration [To be signed in front of an authorised witness]			
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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)

