**INFORMATION FOR APPLICANTS**

NPT employees must adhere to standards of conduct and behaviour that exemplify the Heart Values of the company.

* High Standards
* Efficiency
* Accountability
* Respect
* Teamwork

As such, all candidates for roles at NPT are subject to appropriate integrity checks.

This Statutory Declaration and Consent Form (this Form) must be completed as part of the recruitment process.

Misconduct may include but is not limited to:

1. contravention of the laws and regulations applicable to the work of the company;
2. improper or negligent conduct;
3. a contravention, without reasonable excuse, of a lawful direction given to the employee as an employee by a person authorised to give the direction;
4. a refusal by an employee to perform reasonable duties assigned to them;
5. an employee making improper use of his or her position for personal gain;
6. an employee making improper use of information acquired by them by virtue of their position to gain personally or for anyone else financial or other benefits or to cause detriment to NPT.

NPT will protect personal information collected in the course of undertaking employment related checks by restricting its distribution to individuals who require it to make or participate in making an employment decision, and ensuring proper record management procedures are adhered to. NPT will comply with relevant privacy legislation requirements and its Privacy Policy (available at nptgroup.com.au). You can request access to any relevant personal information that NPT collects about you throughout the recruitment process.

A preferred applicant with a conduct history (criminal or misconduct) will not necessarily be precluded from employment. The relevance of any information collected will be assessed strictly in relation to the requirements of the position applied for.

NPT will conduct any relevant and required checks about applicants and the information you provide with your application. Such checks may include but are not limited to:

* Identity (evidence of name/change of name, DOB, address)
* National and/or international police checks (which may include fingerprinting depending on the role)
* Right to work (including visa, separation package and redeployment status)
* Declarable associations to individuals known or suspected to be involved in unlawful activity
* Disciplinary history (including misconduct, open investigations and findings)
* Working with children
* Qualifications
* Professional registration or licence
* Contacting References to obtain referee statement

**Completing this form**

Enter all required fields on the form, print and take to authorised witness under the Oaths and Affirmations Act 2018 to witness your declaration and signing.

Upload a scanned copy of the completed declaration to support your employment application.

**STATUTORY DECLARATION**

**Instructions (subject to modifications appropriate to a person's circumstances)**

The person making the declaration and the witness must complete the document as indicated.

Both the person making the declaration and the witness must sign or initial each page of the document.

Before signing the declaration, the person making the declaration must say aloud in the presence of the witness:

"I, [full name of the person making the declaration] of [address of the person making the declaration], declare that the contents of this statutory declaration are true and correct."

I, Enter Full Name., Enter currentt occupation of Enter address

make the following statutory declaration under the Oaths and Affirmations Act 2018 (hereafter, the Act):

|  |  |  |  |
| --- | --- | --- | --- |
| **Statement** | **Correct/ True** | **Incorrect/ False** | **Do not know/cannot answer** |
| 1. I have not had my employment terminated by any previous employer due to misconduct in employment. |  |  |  |
| 2. In the past seven years, I have not been found to have engaged in misconduct in employment. |  |  |  |
| 3. I am not the subject of any open investigation into  misconduct in employment. |  |  |  |
| 4. I have not ceased employment while being the subject of a misconduct investigation. |  |  |  |
| 5. All information I have provided in and with my present application for employment is complete, true and correct. |  |  |  |

**I declare that the contents of this statutory declaration are true and correct and I make it knowing that making a statutory declaration that I know to be untrue is an offence.**

.........................................................................

[signature of person making this declaration]

Declared at ...............................................................in the state of Victoria on ................................

[city, town or suburb] [date]

I am an authorised statutory declaration witness and I sign this document in the presence of the person making the declaration:

......................................................................................................... on ................................

[signature of authorised statutory declaration witness] [date]

.................................................................... …………..................................................................................

[full name of witness] [title/occupation/capacity to witness statutory declaration]

of ..............................................................................................................................................................

[address of witness, writing typing or stamp]

A person authorised under section 30(2) of the Act to witness the signing of a statutory declaration.

\*This section must be completed and signed by the witness if the person making the statutory declaration is illiterate, blind or cognitively impaired and the statutory declaration is read to them.

I certify that I read this statutory declaration to [name of the person making the statutory declaration] at the time the statutory declaration was made.

............................................................................................................

[signature of authorised statutory declaration witness]

\*This section must be completed and signed by the witness if reasonable modifications were used in preparing this statutory declaration and that the contents of this statutory declaration were read to the person making the statutory declaration in a way that was appropriate to the person's circumstances.

I confirm that reasonable modifications were used in preparing this statutory declaration and that the contents of this statutory declaration were read to the person making the statutory declaration in a way that was appropriate to the person's circumstances.

............................................................................................................

[signature of authorised statutory declaration witness]

\*This section must be completed and signed by any person who has assisted the person making the statutory declaration, for example by translating the document or reading it aloud. If no assistance was required, this section does not need to be completed.

I certify that I have assisted [name of the person making the statutory declaration] by [specify what

assistance was provided, for example translating the document] ……………………………………

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……………………………………………………………………………………………………………………………………………

......................................................................................................... on ................................

[signature of person providing assistance] [date]

.............................................................................. ..................................................................................

[name of person providing assistance] [address of person providing assistance]

Under section 30(3) of the Act the person making the statutory declaration and the statutory declaration witness must, in the presence of each other, sign or initial any alteration to the statutory declaration (s30(3)(a)); sign or initial each page of the statutory declaration (s30(3)(b); sign and date the statutory declaration (s30(3)(d), and legibly write, type or stamp their name and address on the statutory declaration (s30(3)(e)).

The statutory declaration witness must write or stamp under their signature required by ss30(3)(c) and (d) of the Act their qualification as a statutory declaration witness as prescribed by section 6 of the Oaths and Affirmations (Affidavits, Statutory Declarations and Certifications) Regulations 2018 (s30(5) of the Act).

**CONSENT FORM**

I, Enter Full Name., of Enter address, consent to the following

1. I consent to National Patient Transport gathering information and conducting relevant and required checks about me and the information I have provided in my present application for employment and throughout the recruitment process.
2. I consent to National Patient Transport contacting my current and/or previous employer(s) to substantiate my employment history, including regarding past conduct and performance.
3. Should I be successful in this application I consent to the information provided in my present application for employment to be used during my employment for employment related purposes.

Signature of person providing this consent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date on which consent is provided: \_\_\_\_ / \_\_\_\_ / \_\_\_\_