



## MEMBER PROTECTION DECLARATION FORM

Annette Kellerman Aquatic Centre Swimming Club has a duty of care to those associated with our organisation and our sport. It is a requirement of our Member Protection Policy that we check the background of each person who works, coaches or has regular unsupervised contact with children and young people under the age of 18.

I.....  
(Name)

a worker/volunteer with .....

of.....  
(Home Address)

born ...../...../.....  
(date of birth)

Declare that:

1. I am aware of my obligations under the Member Welfare Policy issued by Swimming Australia Ltd
2. I do not have any criminal charges pending before the courts.
3. I do not have any criminal convictions or findings of guilt for sexual offences, offences related to children or acts of violence.
4. I have not had any disciplinary proceedings brought against me by an employer, sporting organisation or similar body involving child abuse, sexual misconduct or harassment, or other form of harassment or acts of violence.
5. I am not currently serving a sanction for anti-doping rule violation under an ASADA approved anti-doping Policy applicable to me.
6. I will not participate in, facilitate or encourage any practice prohibited by the World Anti-Doping Agency Code or any other ASADA approved anti-doping Policy applicable to me.
7. To my knowledge there is no matter that NSW may consider constituting a risk to its members, employees, volunteers, athletes or reputation by engaging me in a paid or voluntary position.
8. I will notify the President of my Club or Area immediately upon becoming aware that any matters set out in numbers 2 to 7 above have changed.

Declared at..... on ...../...../..... (date)  
(location)

Signature .....

Completed form to be returned to your local Club or Area where you work or volunteer with the Club or Area sighting photo identification (Passport, Drivers Licence, Proof of Age card or Firearms Licence). This form will be held securely by the relevant Club or Area for a period of two years.

### ADMINISTRATION USE ONLY:

Identification sighted (circle applicable) : Passport   Drivers   Proof of Age   Firearms Licence

Name on identification..... Number:.....

Person sighting:..... Date:.....