

Applicant declaration and consent

Please tick each clause below and sign the declaration in the presence of the witness. The witness must be a person authorised to legally witness or certify documents.

I, (the applicant) declare that:

- I understand that providing false or misleading information is an offence and all the information I have provided is true and correct. If an authorised representative has assisted me, I declare I have not provided false or misleading information to the representative for preparation of this application.
- I have read and understood [ACECQA's Skills Assessment Incentives Program Application Guidelines](#) and Assessment Standards ([Child Care Worker \(group leaders only\)](#)).
- I am currently residing in Australia and hold an eligible visa (listed in the [eligibility checklist](#) at **section 1** of the application form).
- I have not previously applied for a skills assessment for the [Child Care Worker](#) (group leaders only) (ANZSCO Code 421111) occupation with ACECQA or any other assessing authority.
- I authorise ACECQA to make enquiries to third parties in order to verify and assess my qualifications and experience.
- I understand that my assessment will take up to an average of 15 business days from the date I provide all the information required by ACECQA.
- I understand that if additional information is requested and is not provided within the requested timeframe, ACECQA may close my application.
- If I have provided anyone else's personal information, I confirm that it is with their consent.
- I will inform ACECQA of any changes to my circumstances (e.g. change of contact details) while my application is being processed.
- I have read and understood ACECQA's [privacy policy](#).

Signature of applicant		Date	Day Month Year / /
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Signature of authorised witness		Date	Day Month Year / /
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Authorised witness name (Printed)

Authorised witness occupation or JP number