

### 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:

my email address is:

my phone number is:

- 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 [Application Guidelines](#) and Assessment Standards ([Child Care Worker \(group leaders only\)](#), [Child Care Centre Manager](#)).
- 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 60 calendar 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 and I will not be entitled to a refund.
- I will inform ACECQA of any changes to my circumstances (e.g. change of contact details) while my application is being processed.
- I understand any personal information I provide will be collected, used and disclosed in accordance with ACECQA's [privacy policy](#).

Signature of applicant  Date  Day / Month / Year

Signature of authorised witness  Date  Day / Month / Year

Authorised witness name (Printed)

Authorised witness occupation and registration number