

Working with Children Check (WWCC) Details Form

Purpose: This form is used to collect and verify the details of employees and volunteers who require a valid Working with Children Check (WWCC) to work with children or vulnerable people as part of their role within the organization.

Please complete the form accurately and provide a copy of your valid WWCC for verification.

Section 1: Personal Details

Full Name	
Date of Birth	
Residential Address	
Phone Number	
Email Address	

Section 2: Employment/Volunteer Details

Position title	
Are you an employee or volunteer?	
Date of Commencement	
Supervisor/Manager	

Section 3: WWCC Details

WWCC Number	
Expiry Date	
State or Territory of issue	
Type of WWCC	Volunteer <input type="checkbox"/> Employee <input type="checkbox"/>
Have you ever been refused a WWCC or had it revoked?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If "Yes" please provide details:	

Section 4: Declarations

Please read and tick each declaration to confirm:

	I declare that the information provided in this form is true and correct.
	I consent to WSNC verifying the status of my WWCC with the relevant authority.
	I understand that I am required to maintain a valid WWCC and will immediately notify [Organization Name] if my WWCC is suspended, revoked, or expires.
	I understand that failure to maintain a valid WWCC may result in suspension or termination of my employment/volunteer role.

Privacy Notice: The information collected in this form will be used solely for the purpose of verifying your Working with Children Check status in compliance with child protection laws. This information will be stored securely and will not be shared with third parties without your consent unless required by law.