

**Disability Worker Exclusion Scheme**  
Secondary Employment Disclosure Form

Whilst you are engaged by **INCLUSION MELBOURNE** you may engage in paid work for other organisations, but you must inform **INCLUSION MELBOURNE** of the name and address of any outside employer before you accept or commence any alternative employment. You also agree that your conduct when working for other organisations may fall within the operation of the Disability Worker Exclusion Scheme. This means that **INCLUSION MELBOURNE** and the Department of Health and Human Services (the department) may collect personal and sensitive personal information regarding your employment with other employers, and any criminal history you may have, for the purposes of compiling the Disability Worker Exclusion List (the List) maintained by the department

This means that your conduct outside of your employment with **INCLUSION MELBOURNE** could result in you being placed on the List and could jeopardise your employment with **INCLUSION MELBOURNE** or your ability to gain future work in a disability services as defined by the *Disability Act 2006* for example, if your employment was terminated for serious misconduct, your name could be placed on the List even though this conduct occurred while you were employment by another employer.

I,

\_\_\_\_\_  
[print full name]

declare that I have fully disclosed to **INCLUSION MELBOURNE** at the time of commencement and will throughout the course of my employment continue to provide:

- the name and address of any outside employer
- details (if any) regarding previous or future employment that could involve my name being placed on the List e.g. termination due to serious misconduct or inappropriate behaviour

\_\_\_\_\_  
*Signature of person making this statement*

\_\_\_\_\_  
*Date*

To be signed in  
front of a  
witness

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Print Name of witness

\_\_\_\_\_  
Date

**DETAILS OF SECONDARY EMPLOYMENT**

Employee Name:		
Company Name:		
Position Title:		
Hire Date:		
Signature:		Date:

Employee Name:		
Company Name:		
Position Title:		
Hire Date:		
Signature:		Date: