

Disability Worker Exclusion Scheme

Consent and Acknowledgment Form (v2)

I am aware that the Department of Health and Human Services (the department) operates a Disability Worker Exclusion Scheme and has a Disability Worker Exclusion List (the List).

I consent to my personal details being provided to the department for the purpose of checking against the List.

I consent to the department collecting personal information and sensitive personal information about me, including information relating to any criminal, disciplinary and employment history of mine, for the purposes of the department compiling and maintaining the List.

I accept that if my name is on or is placed on the List, I will be prevented from being engaged by:

A. a disability service provider (as defined in the *Disability Act 2006* (Vic)) as:

A Disability Worker, being a person engaged by a service provider who:

(i) provides, or supervises or manages a person who provides direct support to a person with a disability, and

(ii) has direct contact or access to a person with a disability

and excluded from any work at the disability service that falls within the definition of Excluded Work being work at a disability service:

(i) as a Disability Worker, or

(ii) that involves regular direct contact with or access to a person with a disability.

B. a registered NDIS provider registered under section 73E of the *National Disability Insurance Scheme Act 2013* (Cth) as:

(i) an NDIS worker involved in the direct delivery of specified supports and services to people with a disability as a normal part of their duties or

(ii) an NDIS worker likely to require more than incidental contact with people with a disability as a normal part of their duties

(iii) a key personnel as defined under section 11A of the *National Disability Insurance Scheme Act 2013* (Cth) which includes executive, senior management and operational positions in a registered NDIS provider (such as, a Chief Executive Officer, Chairperson or Board Member).

I agree that the department may inform any registered NDIS provider or service provider or labour hire agency that has engaged me that I am on the List, or that I am the subject of a Notification by a service provider or registered NDIS provider.

I agree to inform Wintringham of the name and address of any other service provider or registered NDIS provider I am, or intend to be, engaged by.

Full Name

Address

Suburb:

Post Code:

Date of Birth

Job Title

Employment
Status
(circle)

Volunteer

Casual

Part Time

Full Time

Telephone

Email

Signature

Date

Wintringham and the department are committed to protecting your privacy. Wintringham and the department collect and handle personal and sensitive information for the purposes of the operation of the Disability Worker Exclusion Scheme.

In order to manage the Disability Worker Exclusion Scheme, the department may share your personal information with external parties such as other service providers or registered NDIS providers.

For more information on the department's privacy collection, please refer to the department's privacy policy or visit our website on <https://dhhs.vic.gov.au/publications/privacy-policy>

You may request to access your information that is provided to Wintringham. Wintringham can be contacted on 03 9376 1122 or you may contact the department's Privacy Unit by emailing privacy@dhhs.vic.gov.au.

Statutory Declaration

Pre-employment screening for Disability Workers/ Volunteers

I _____
[full name]

of _____
[address]

do solemnly and sincerely declare that I have fully disclosed in writing to **Wintringham Specialist Aged Care** all details of:

any charges laid against me by police concerning any offence committed in Australia or in another country in the past

any offence of which I have been found guilty, committed in Australia or in another country in the past

any formal disciplinary action taken against me by any current or former employer

any finding of improper or unprofessional conduct by me by any Court or Tribunal of any kind

any investigations I have been the subject of by an employer, law enforcement agency or any integrity body or similar in Australia or in another country and that a copy of my responses to the above issues which I have provided to **Wintringham Specialist Aged Care** as part of the Community Visitors Scheme is attached hereto.

I acknowledge that this declaration is true and correct, and I make it with the understanding and belief that a person who makes a false declaration is liable to the penalties of perjury.

Declared at _____
this _____ day of _____ 20 _____

Signature of person making this declaration

[To be signed in front of an authorised witness]

Before me, _____
Signature of Authorised Witness

The authorised witness must print or stamp his or her name, address, and title under section 107A of the *Evidence (Miscellaneous Provisions) Act 1958* (Vic). (e.g. Justice of the Peace, Pharmacist, Police Officer, Court Registrar, Bank Manager, Medical Practitioner, Dentist, some public servants)



State
Government

Health
and Human
Services