

**Child Safety Statement of Compliance**

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| **Activity and Statement details**

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| 1234 |  **Activity Name:**  | ABCD |

**Activity ID:**

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| 1234 |  **Program Name:**  | ABCD |

**Program Schedule ID:**  **Reporting Start Date:**

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| CB9 Compliance  |
| Statement |   |

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| xx/xx/2023 |

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| xx/xx/2023 |  **Reporting End Date:**  | xx/xx/2023 |

**Statement type:** **Due Date:**   |

In relation to the above activity,

I make the following statement for the benefit of the Department of Social Services (the department):

1. Having made diligent inquiries, I have reasonable grounds to believe that all Child-Related Personnel working with children on behalf of the organisation in the provision of grant activities under the grant agreement with the department:
	* comply with all relevant legislation relating to requirements for working with children in the jurisdiction in which the activities are delivered; and
	* comply with all relevant legislation in jurisdictions including any child-related schemes and mandatory reporting of suspected child abuse and neglect as required or otherwise defined by state or territory legislation.
2. I undertake to ensure that all Child-Related Personnel will continue to comply for the duration of any funding arrangements the organisation holds with the department.
3. My organisation has:
	* implemented the National Principles for Child Safe Organisations;
	* ensured that all Child-Related Personnel implement the National Principles for Child Safe Organisations;
	* completed a risk assessment to identify the level of responsibility for children and the level of risk of harm or abuse to children (and will update this risk assessment at least annually);
	* put into place an appropriate risk management strategy to manage risks identified through the risk assessment required (and will update this risk management strategy at least annually);
	* imposed the same child safety obligations on the subcontractor and secondary subcontractors, if required; and
	* provided training and established a compliance regime to ensure that all Child-Related Personnel who may interact with children in their provision of grant activities, are aware of, and comply with:
		1. the National Principles for Child Safe Organisations;
		2. the organisation’s risk management strategy;
		3. all relevant legislation relating to requirements for working with children, including Working With Children Checks; and
		4. all relevant legislation relating to mandatory reporting of suspected abuse or neglect.

**I make the following statement for the benefit of the department for as of right now and the above Reporting Period\*:**

☐ I agree to all of the above declarations and confirm all of the above statements to be true

OR

☐ My organisation has not met all the conditions outlined in the statements above.

\*\*\* IF CONDITIONS NOT MET THE FOLLOWING IN GREEN WILL APPEAR

If non-compliant, please provide details referring to specific requirements in your Child Safe clause:

☐ I warrant that I have the authority to make this declaration on behalf of my organisation \*

☐ By including my name in this form it is deemed to be my signature for the purpose of this form \*

State your name \*

State your position \*

Name of the organisation this declaration applies to\*:

[Due Date] \*: Default Date/Current Date

**\****indicates mandatory field*