

**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:**

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| --- |
| G8A Compliance |
| Statement |   |

|  |
| --- |
| xx/xx/xxxx |

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

|  |  |  |
| --- | --- | --- |
| xx/xx/xxxx |  **Reporting End Date:**  | xx/xx/xxx |

**Reporting Start 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 who may incidentally interact with children on behalf of the organisation in relation to the department’s funding arrangements:
	* 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. My organisation has imposed the same child safety obligations on subcontractors and secondary subcontractors, if required.
3. I undertake to ensure that all staff will continue to comply for the duration of any funding arrangements the organisation holds with the department.

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

 \*\*\* 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 \*

The name of the organisation this declaration applies to \*

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

**\****indicates mandatory field*