

MEMBER PROTECTION DECLARATION



APSA Inc. has a duty of care to all those associated with the sport at the national and international level and to the individuals and organisations to whom our National Member Protection Policy applies. As a requirement of our National Member Protection Policy, APSA Inc. must enquire into the background of any:

- People who undertake any work (paid or volunteered), coaching or regular unsupervised contact with people under the age of 18 years for APSA Inc. or an APSA affiliated State Member.
- People who volunteer to assist APSA Inc affiliated member coaches with unsupervised contact of people under the age of 18 years during coaching, competitions, events, camps or travelling.
- Coaches, Choreographers or other professionals who are invited by APSA Inc. to visit Australia for the purpose of seminars, conferences, competitions etc.
- Coaches, Choreographers or other professionals visiting Australia who apply for Event Accreditation.

I(name).....

of(address)

born/...../.....

Event / volunteering / visiting for:

Identification:.....(DL).....(passport)

Sincerely declare:

1. I do not have any criminal charges pending before the courts.
2. I do not have any criminal convictions or findings of guilt for sexual offences, offences relating to children or acts of violence.
3. I have not had any disciplinary proceedings brought against me by an employer, sporting organisation or similar body involving child abuse, sexual misconduct or harassment, other forms of harassment or acts of violence.
4. I am not currently serving a sanction for an anti-doping rule violation under an ASADA approved anti-doping policy applicable to me.
5. I will not participate in, facilitate or encourage any practice prohibited by the World Anti-doping Agency Code or any other ASADA approved anti-doping policy applicable to me.
6. To my knowledge there is no matter that APSA Inc. may consider to constitute a risk to its members , volunteers, athletes or reputation by engaging me.
7. I will notify the President of APSA Inc and its member association engaging me immediately upon becoming aware that any of the matters set in clause 1 to 6 above has changed.

Declared in the State / Territory of

on/...../.....(date) Signature.....

Parent / Guardian Consent (in respect of a person under the age of 18 years)

I have read and understood the declaration provided by my child. I confirm and warrant that the contents of the declaration provided by my child are true and correct in every particular.

Name:.....Date:...../...../.....

Signature:.....

When completed this form must be returned to the State Member where the person will be working or volunteering and a copy sent to the President and the Registrar of APSA Inc. This form will be held securely on file for a period of 2 years.