

MEMBER PROTECTION DECLARATION

As a requirement of FFA's Member Protection Policy, a Member must enquire into the background of those applying for, undertaking or remaining in any work (paid or voluntary) that involves direct and unsupervised contact with persons under the age of 18 years.

I, (name)

of (address)

born / / sincerely declare:

- 1.1 I do not have any criminal charge pending before the courts.
- 1.2 I do not have any criminal convictions or findings of guilt for offences involving sexual activity, acts of indecency, child abuse or child pornography, the use of narcotics or other offences relevant to persons under 18 years.
- 1.3 I consent to FFA or its relevant Member conducting a police clearance check or any other probity check.
- 1.4 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, acts of violence, intimidation or other forms of harassment.
- 1.5 I have never been sanctioned for an anti-doping rule violation under any Anti-Doping Policy applicable to me nor have I participated in, facilitated or encouraged any practice prohibited by the World Anti-Doping Agency Code or FFA.s Anti-Doping Policy.
- 1.6 To my knowledge there is no matter that FFA or its State Federations may consider constituting a risk to children by engaging me.
- 1.7 I agree to comply with FFA.s Rules and Regulations, including the Member Protection Policy and Code of Conduct (copies of which are available on www.footbballaustralia.com.au).
- 1.8 I will notify the CEO of the organisation engaging me immediately on becoming aware that any of the matters set out above have changed for whatever reason.

Declared in the State/Territory of on / /

Signature

Parent/Guardian Consent (in respect of 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:

Signature:

Date: