

6.7 REJECTED APPLICANT NOTIFICATION

(ONLY COMPLETE WHERE THE APPLICANT IS REJECTED AS A RESULT OF THE WWC BACKGROUND CHECK)



All fields must be completed. Please use block letters.

APPLICANT DETAILS

Family name: _____

Given name(s): _____

Previous names/aliases: _____

Date of birth: _____ Gender: (Please tick) Male Female

Type of position (Please tick):

Paid employee Religious leader/spiritual official of a religion Foster carer

Title of position applied for: _____

Date applicant was rejected for child-related employment: _____

EMPLOYER DETAILS

Employer name: _____

Employer ID number: _____

Address: _____

Suburb/Town: _____ State: _____ Postcode: _____

Telephone number: _____ Fax number: _____

Relevant contact person: _____

Contact Email: _____

Position of relevant contact person: _____

I certify that the above details are correct and that I am providing this information in accordance with Section 40 of the *Commission for Children and Young People Act 1998*. I have the authority of the organisation to submit these details to the Commission for Children and Young People.

Name: _____

Position: _____

Signature: _____ Date: _____

NOTE: This form is to be sent to the Commission for Children and Young People.