

# MEMBER PROTECTION DECLARATION



PCANSW has a duty of care to all those associated with the organisation and to the individuals and organisations to whom our Member Protection Policy applies. As a requirement of our Member Protection Policy, PCANSW must enquire into the background of those who undertake any work, coaching/instructing or regular unsupervised contact with people under the age of 18 years.

**All coaches/instructors, team managers, mentors, facilitators, officials, trainers and any other persons in either a paid or voluntary capacity 18 years or over working or volunteering with children aged under 18 years MUST complete this declaration and return it to their club secretary for retention by the authorised person.**

I .....  
(Name)

a worker/volunteer with..... PCANSW Club/Zone  
(Name of Club/Zone)

of.....  
(Home address)

born ...../...../.....  
(Date of birth)

I sincerely declare:

1. I do not have any criminal charge pending before the courts.
2. I do not have any criminal convictions or findings of guilt for sexual offences, offences related 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 other matter that PCANSW may consider to constitute a risk to its members, employees, volunteers, athletes or reputation by engaging me in a paid or voluntary position.
7. I will notify the President or Secretary of the club(s) engaging me immediately upon becoming aware that any of the matters set out in clauses 1 to 6 above has changed.
8. I have read and understand the Associations policies and procedures and agree to abide by them.

Declared in the State of New South Wales on ...../...../..... (Date)

Signature.....

Persons signing this form must also show proof of ID.  
 (Administrator to tick box when ID sighted)

## **WHEN COMPLETED RETURN THIS FORM TO YOUR CLUB AUTHORISED PERSON FOR RETENTION BY YOUR CLUB**

*Forms must be returned to the club / zone that the person completing the form works or volunteers with. This form will be held securely on file by the club/zone that the person works or volunteers with for a period of 1 year with new forms being needed each year that a person works or volunteers for the club/zone.*

**Many of Pony Club workers and volunteers will also need to complete a Working With Children Check registration and present their registration number to their Club/Zone secretary or authorised person, please check with your Club/Zone to see if this applies to you.**