**Important Information**

Always download the latest version of this Form from the Department of Communities Conduct and Integrity website. If you use an older version of this Form, you may be asked to provide further details, which can result in delays. If you require assistance in completing this Form, consult with the Integrity and Standards Directorate in the first instance. Requests for further information can be directed to misconduct.reporting@communities.wa.gov.au.

* If completing this Form manually, please use a pen, and write neatly using BLOCK LETTERS.

**Summary of Policy Requirements**

In line with the Department of Communities Screening Policy, Declaration of Interests are to be provided by applicants to high risk fraud and corruption positions.

For the purpose of this Declaration Form – Interests are defined as entities, family members or associates with any employment, vendor or business association with the Department of Communities.

**Part A: Details of Applicant**

*Applicants are to state their full name, date of birth and position applied for:*

|  |  |  |
| --- | --- | --- |
| **Full Name** | **Date of Birth** | **Position** |
|  |  |  |

**Part B: Details of Entities Close Family Members or Associate/s**

*Applicants are to state the details of all entities controlled (or jointly controlled) by them and/or their close family members or associate/s.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Entity Name** | **Entity Address** | **Entity ABN / ACN** | **Controlled By** |
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Part C: Additional Information

*If there is insufficient space to include information in the above Parts, the information can be included here.*

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**Part D: Declaration**

*Note: Giving false or misleading information is a breach of the Department of Communities Code of Conduct.*

|  |  |
| --- | --- |
| **Item** | **Complete this Section** |
| **Applicant Declaration:**(requires signature) | I declare that, to the best of my knowledge, the information recorded above is accurate and complete. If it becomes apparent at any stage that the information provided was or is inaccurate, incomplete or otherwise misleading, I will take the necessary steps to correct or update the record. |
| **Signature**:  | **Date**:  |