

PROBITY QUESTIONNAIRE AND DECLARATION DOCUMENT

1. Applicant details:

Title	Surname
<input type="text"/>	<input type="text"/>
First name	Middle name
<input type="text"/>	<input type="text"/>
Date of birth *must be at least 18 years of age to apply	
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

2. Compliance history disclosures:

1. Provide details of any convictions or findings of guilt against you for any offence under Work Health and Safety legislation in Australia. Attach additional information if needed. Leave blank if you have no convictions or findings of guilt.

2. Provide details of any enforceable undertaking you have entered into under Work Health and Safety legislation in Australia. Attach additional information if needed. Leave blank if you have not entered into an enforceable undertaking.

3. Provide details of any instances where you have been refused a high risk work licence in Australia. Attach additional information if needed. Leave blank if you have never been refused a high risk work licence.

4. Provide details of any high risk work licence you have previously held in Australia which is no longer valid. Include details of:
 - 4.1 any conditions imposed on the licence,
 - 4.2 any instances of suspension, cancellation and or disqualification.Attach additional information if needed. Leave blank if you have not previously held a high risk work licence.

3. Declaration

By signing this application form you declare that:

1. You do not hold an equivalent licence under a corresponding Work Health and Safety law, and
2. the information and documents you have provided in support of your application are true and correct, and you understand that if the application is incomplete or contains errors you will be contacted by email and provided 28 days to provide the required information, and if you do not respond with the required information your application will be taken to be withdrawn and you may be required to obtain a new notice of assessment and reapply.

In addition, by signing this form, you give consent to the WorkSafe Western Australia Commissioner, or persons so directed, to obtain on your behalf any document, record, file, or information that may be necessary and relevant to consider your application. This declaration is considered to be made on the date the application is submitted

Applicant signature: