

## How to authorize a Working With Children Check (WWCC) form at a Department of Education site.

Swimming instructors are required to hold a current WWCC to teach swimming for the Department of Education.

Swimming sites are located throughout the State and it is not a viable option for a swimming instructor to visit Swimming and Water Safety at Padbury in Perth. Your assistance in authorizing a WWCC form is sought.

School sites are requested to complete Part 6 and sign Part 7 of the WWCC form on behalf of the Department (as indicated below). The swimming instructor must complete Part 5 and the Postal Address of Employer/Volunteer or Education Provider Representative (bottom of Part 6 as completed on the sample below).

Notices, including any negative results will be forward to the Swimming and Water Safety branch.

Swimming instructors will receive an email as outlined below when their application reaches the WWCC authorization/renewal stage. Current Swimming instructors will get a renewal reminder for one month before expiry.

We are requesting principals attest to the possible employment so it is a truthful declaration.

### New Swimming instructor notification

Hi \_\_\_\_\_

We have checked your qualifications and we are pleased to inform you that you can be considered for appointment.

You now need to provide us with 2 important pieces of information.

1. Department of Education National Police History Check (if 18 and over on day 1 of employment)
2. Working with Children Check

Please log into the portal and click on the link in your to-do list to update your clearance information. Generally, new applicants do not have either of these clearances, so here is how you apply for them:

**Applying for a Department of Education National Police History Check**

Apply [online](#)

**Applying for a Working with Children Check**

Working with Children Check application forms are available at your nearest post office. Fill in all sections of the form with Part 5 completed as follows:

**Part 5: Child Related Employment Details**  
Category of Child Related Work (see page 2, Section 1 and note comments on Category 18 and 20)  
0 4  
Type of Employment:  
 Self Employed OR  Paid Employee OR  Volunteer/Unpaid Position OR  Paid Managerial Officer OR  Unpaid Managerial Officer  
Name of Organisation for which you undertake child-related work  
DOE SWIMMING AND WATER SAFETY  
Applicant's job title/role in child-related work  
SWIMMING INSTRUCTOR  
Organisation's Phone Number  
0 8 9 4 0 2 6 1 9 5

Print out this email and take it with your completed Working with Children Form to any Department of Education site (e.g. schools) to fill in Part 6 and sign in Part 7 on behalf of Swimming and Water Safety branch as highlighted.

**Part 6: Details of the Employer, Volunteer Organisation or Education Provider**  
Self employed people, Managerial Officers of body corporates that hold a child care licence and people with an exemption letter do not complete this Part.  
Name of Employer/Volunteer Organisation or Education Provider Representative (this person must sign the Representative Declaration in Part 7)  
Position of Employer/Volunteer Organisation or Education Provider Representative  
Street Address of Employer/Volunteer Organisation or Education Provider Representative (must be an Australian address)  
Jnl Number/Street Number/Street Name (with a gap between words)  
Suburb/Town/Locality State Postcode  
Postal Address of Employer/Volunteer Organisation or Education Provider Representative (must be an Australian address)  
This is also the position and address to which your notice will be sent if your organisation has arranged for notices to go to a central location  
 Same address as above  
Position to whom your notice will be sent  
MANAGER SWIMMING AND WATER SAFETY  
Jnl Number/Street Number/Street Name/PO Box (with a gap between words)  
BLOCK D, 33 GILES AVENUE  
Suburb/Town/Locality State Postcode  
PADBURY WA 6025

**Part 7: Employer, Volunteer Organisation or Education Provider Declaration**  
I certify that the information within my knowledge in this application is true and correct and that the applicant is/ will be employed in child-related work. I am aware that this is an offence to give false or misleading information in this application form.  
Signature of Representative  
Must be the person named in Part 6 above  
Date signed (DD) (MM) (YYYY)  
Please sign within the box and use black ink

The principal fills in their worksite details

Principals attest to the possible employment so it is a truthful declaration

You can then submit the signed form at your nearest post office and given a Receipt Number.¶

## Current swimming instructor renewal notification

Our records show that your Working With Children Check will be expiring in 1 month on \_\_\_\_\_.

Working with Children Check application forms are available at your nearest post office. Fill in all sections of the form completing Part 5 as follows:

<b>Part 5: Child Related Employment Details</b>		
Category of Child Related Work (see page 2, Section 1 and note comments on Category 19 and 20)		
0 4		
Type of Employment		
<input type="checkbox"/> Self Employed OR <input checked="" type="checkbox"/> Paid Employee OR <input type="checkbox"/> Volunteer/Unpaid Position OR <input type="checkbox"/> Paid Managerial Officer OR <input type="checkbox"/> Unpaid Managerial Officer		
Name of Organisation for which you undertake child-related work		
DOE SWIMMING AND WATER SAFETY		
Applicant's job title/role in child-related work		
SWIMMING INSTRUCTOR		
Organisation's Phone Number		
0 8 9 4 0 2 6 1 9 5		
Print out this email and take it with your completed Working with Children Form to any Department of Education site (e.g. school) to fill in Part 6 and sign in Part 7 on behalf of Swimming and Water Safety branch as highlighted.		
<b>Part 6: Details of the Employer, Volunteer Organisation or Education Provider</b>		
Self employed people, Managerial Officers of body corporates that hold a child care licence and people with an exemption letter do not complete this Part.		
Name of Employer/Volunteer Organisation or Education Provider Representative (this person must sign the Representative Declaration in Part 7)		
Position of Employer/Volunteer Organisation or Education Provider Representative		
Street Address of Employer/Volunteer Organisation or Education Provider Representative (must be an Australian address)		
Unit Number/Street Number/Street Name (with a gap between words)		
Suburb/Town/Locality		
State		
Postcode		
Postal Address of Employer/Volunteer Organisation or Education Provider Representative (must be an Australian address)		
This is also the position and address to which your notice will be sent if your organisation has arranged for notices to go to a central location		
<input checked="" type="checkbox"/> Same address as above		
Position to whom your notice will be sent		
MANAGER SWIMMING AND WATER SAFETY		
Unit Number/Street Number/Street Name/PO Box (with a gap between words)		
BLOCK D, 33 GILES AVENUE		
Suburb/Town/Locality		
PADBURY		
State		
WA		
Postcode		
6 0 2 5		
<b>Part 7: Employer, Volunteer Organisation or Education Provider Declaration</b>		
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Must be the person named in Part 6 above		
Please sign within the box and use black ink		
Date signed	DD/ MM/ YYYY	

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