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.

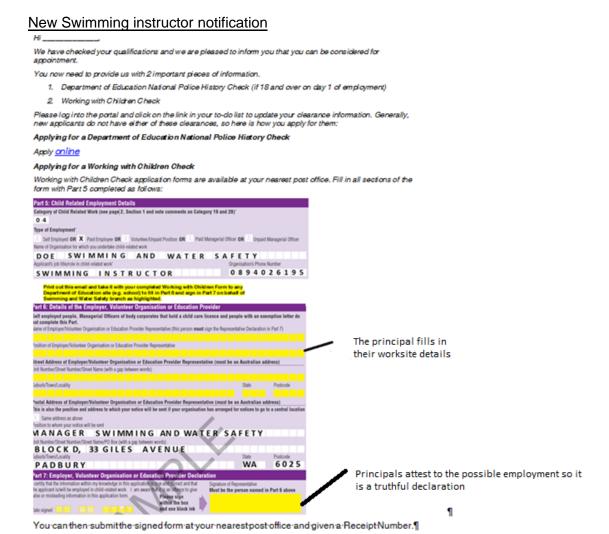
Swimming sites are located throughout the State and it is not a viable option for a swimming instructor to visit Swimming and Water Safety at Padbury in Perth. Your assistance in authorizing a WWCC form is sought.

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.

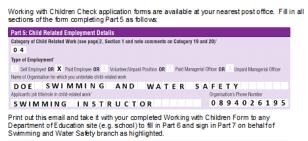
Swimming instructors will receive an email as outlined below when their application reaches the WWCC authorization/renewal stage. Current Swimming instructors will get a renewal reminder for one month before expiry.

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



Current swimming instructor renewal notification

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



Part 6: Details of the Employer, Volunteer Organisat				
Self employed people, Managerial Officers of body corporates not complete this Part,	that hold a child care I	icence and peop	le with an ex	emption letter do
not comprete tims Part. Name of Employer/Volunteer Organisation or Education Provider Represe	ntative (this person must :	ion the Representa	tive Declaration	in Part 7)
		, ,		
Position of Employer/Volunteer Organisation or Education Provider Repr	santativo			
Total of Empreyar accounts organization of European Francisco				
Street Address of Employer/Volunteer Organisation or Education	on Provider Representa	live (must be an	Australian ac	(dress)
Unit Number/Street Number/Street Name (with a gap between words)				
Suburb/Town/Locality			State	Postcode
Postal Address of Employer/Volunteer Organisation or Educati	on Provider Representa	tive (must be an	Australian a	ddress)
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 locatio
X Same address as above				
Position to whom your notice will be sent				
MANAGER SWIMMING	AND WAT	ER SA	FETY	
Unit Number/Street Number/Street Name/PO Box (with a gap between wo				
BLOCK D, 33 GILES AV	ENUE			
Suburt/Town/Locality		_	State	Postcode
PADBURY			WA	6025
Part 7: Employer, Volunteer Organisation or Educati	on Provider Declara	tion		
I certify that the information within my knowledge in this application is to the applicant is/will be employed in child-related work. I am aware that false or misleading information in this application form.	e and correct and that it is an offence to give Please sign within the box	Signature of Rep Must be the pe		n Part 6 above
Date signed DD MM YYYYY	and use black ink 🔻			

The principal fills in their worksite details

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

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