



**CLAIMANT DETAILS**

TITLE: \_\_\_\_\_  
 SURNAME: \_\_\_\_\_ GIVEN NAMES: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 TOWN/SUBURB: \_\_\_\_\_ STATE: \_\_\_\_\_ POSTCODE: \_\_\_\_\_  
 CONTACT PHONE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

**WWCC DETAILS – either A or B needs to be completed and evidence provided**

A WWCC APPLICATION NUMBER: \_\_\_\_\_ RECEIPT ISSUE DATE: \_\_\_\_\_  
 B WWCC CARD NUMBER: \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_  
**A copy of your WWCC Application number and receipt or a copy of your WWCC Card must accompany this form.**

**POSITION DETAILS**

SCHOOL OR SITE NAME: SWIMMING AND WATER SAFETY  
 POSITION / ROLE IN CHILD RELATED WORK: SWIMMING INSTRUCTOR / WATER SAFETY OFFICER

**SCHOOL DECLARATION**

I certify that the claimant is currently in child-related work at my school/site and to the best of my knowledge is eligible for a reimbursement for their WWCC application fee from the Department of Education.

PRINCIPAL / MANAGER NAME: \_\_\_\_\_  
 POSITION HELD: \_\_\_\_\_  
 SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**CLAIMANT DECLARATION**

- I have **NOT CLAIMED** nor do I intend to claim a reimbursement for my WWCC application from an alternative employer or organisation;
- I **DID NOT APPLY** for my WWCC with another employer or organisation; and
- I have **NOT PREVIOUSLY CLAIMED** this reimbursement through the Department of Education. I

declare that the above information is TRUE and CORRECT.

CLAIMANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**PAYMENT DETAILS (Reimbursements will be paid directly into your bank account)**

ACCOUNT HOLDER NAME: \_\_\_\_\_  
 BSB NUMBER: 

--	--	--

 - 

--	--	--

  
 ACCOUNT NUMBER: 

--	--	--	--	--	--	--	--	--	--

 AMOUNT CLAIMED: \$ \_\_\_\_\_

**STANDARDS AND INTEGRITY DIRECTORATE USE ONLY**

I certify that this Account is correct in respect of the requirements of Treasurer’s Instruction 304(5)(i) to (vii)  
 INCURRING OFFICER NAME: \_\_\_\_\_  
 INCURRING OFFICER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_