

DATE APPLICATION RECEIVED:	COMM: SCHOOL: HOUSE:
FAMILY NAME:	
LOCAL PRIMARY SCHOOL:	

# APPLICATION TO JOIN THE SAFETY HOUSE PROGRAM PRIVATE RESIDENCE

**PRIMARY CONTACT PERSON**



FIRST NAME ..... OTHER NAMES: ..... SURNAME: .....

**THE DEPARTMENT OF CHILD PROTECTION REQUIRES THAT AT LEAST ONE APPLICANT MUST ALREADY HOLD A VALID WORKING WITH CHILDREN CARD. IF YOU NEED TO GET A WORKING WITH CHILDREN CARD, CONTACT THE SAFETY HOUSE WA HEAD OFFICE WHO WILL BE ABLE TO HELP YOU**

**NB SAFETY HOUSE APPLICATIONS CANNOT BE PROCESSED UNLESS WORKING WITH CHILDREN CARD INFORMATION IS PROVIDED**



WORKING WITH CHILDREN CARD NUMBER: ..... EXPIRY DATE: .....

OR

WORKING WITH CHILDREN APPLICATION RECEIPT NUMBER: ..... APPLICATION DATE: .....

GENDER: ..... MAIDEN NAME OR ANY PREVIOUS NAMES IF APPLICABLE: .....

DATE OF BIRTH: ..... COUNTRY OF BIRTH: ..... TOWN/STATE OF BIRTH: .....

HOME ADDRESS: .....

HOME PHONE: ..... MOBILE: ..... EMAIL: .....

NOMINATION VOUCHER TO BE AWARDED TO: *(Can be self-nomination)* .....

**PLEASE LIST BELOW THE NAME AND DETAILS OF EVERY OTHER PERSON WHO RESIDES AT THE ADDRESS ABOVE.** By signing below all residents indicate that they understand and agree to abide by Safety House WA principles and are aware that public liability/personal injury insurance cover is not provided by Safety House WA. The signature also accepts that all residents aged 14 years and over agree that Safety House WA Inc. may request the issue of a National Police Check Certificate as per the Statement of Consent below.

**CHILDREN MAY BE AUTOMATICALLY POLICE CHECKED BY THE SAFETY HOUSE WA OFFICE WHEN THEY REACH THE AGE OF FOURTEEN YEARS.**

**IF YOU WOULD PREFER TO BE CONTACTED TO SEEK YOUR PERMISSION BEFORE ANY CHILD POLICE CHECKING IS DONE PLEASE TICK THIS BOX**

FULL NAME <small>PLEASE ALSO SHOW MAIDEN NAME IF APPLICABLE</small>	DATE OF BIRTH <small>DAY/MONTH/YEAR</small>	PLACE OF BIRTH <small>COUNTRY/TOWN/STATE</small>	IF A VALID WWC CARD IS HELD <small>PLEASE NOTE NUMBER AND EXPIRY BELOW</small>	IF WWC CARD IS APPLIED FOR <small>PLEASE NOTE RECEIPT NUMBER BELOW</small>	SIGNATURE <small>AN ADULT MAY SIGN FOR A CHILD</small>
			WWC Card Number Card Expiry date	Receipt Number Application Date	
			WWC Card Number Card Expiry date	Receipt Number Application Date	
			WWC Card Number Card Expiry date	Receipt Number Application Date	

**Statement of Consent and Indemnity** I consent to a police check of the records of all Australian Police jurisdictions and to the acknowledgement of the existence of any convictions to an approved volunteer group. In consideration of WA Police releasing and acknowledgement of any convictions, under this application, I hereby indemnify the state of WA, its servants and agents including all members of WA Police against all actions, suits, proceedings, causes of actions, costs, claims and demands whatsoever which may be brought or made against it or them by any body or person by reason of, or arising out of, the reason of any details of any conviction and other information recorded against my name to either relate to or concern me.

PRINCIPAL CONTACT PERSON'S SIGNATURE: ..... DATE: .....

SAFETY HOUSE WA REPRESENTATIVE'S SIGNATURE: ..... DATE: .....



## QUESTIONS FOR APPLICANTS WISHING TO JOIN THE SAFETY HOUSE PROGRAM

# PRIVATE RESIDENCE

**FIRST, LOOK AROUND TO SEE WHETHER THERE IS PROPER CHILD ACCESSIBILITY AND STREET VISIBILITY TO MAKE YOUR RESIDENCE A SUITABLE SAFETY HOUSE**

Is the front door of your house easily visible from the street? ..... YES  NO

Is there easy access for a child to the front door of your house from the street? ..... YES  NO

Is the entrance to your house easily visible and not hidden by a wall, fence or trees?..... YES  NO

Is it easy for a young child to seek help at your house, without being scared by any dog? ..... YES  NO

Is an adult usually in or around the house at the times children are going to and from school? . YES  NO

**ANY  ANSWERS ABOVE MAY MEAN IT IS POSSIBLY NOT SUITABLE AS A SAFETY HOUSE. IF YOU ARE NOT SURE PLEASE DISCUSS THE ISSUES WITH THE SAFETY HOUSE WA OFFICE.**

**PLEASE CONSIDER THE FOLLOWING QUESTIONS. IF YOU HAVE ANY QUESTIONS OR WISH TO DISCUSS ANY ITEM PLEASE CONTACT SAFETY HOUSE WA AT [safety@safetyhousewa.org.au](mailto:safety@safetyhousewa.org.au)**

Is there at least one adult in your home who holds a valid Working with Children Card? ..... YES  NO

Are you happy to assist any child in need who might come to your door for help? ..... YES  NO

Do you agree to contact the parents of a child who seeks help at your door? ..... YES  NO

Are you willing to contact WA Police if you think an offence has been, or could be, committed? YES  NO

Do you agree to affix a Safety House plate to your letterbox? ..... YES  NO

Do you agree to remove the Safety House letterbox plate when you move house? ..... YES  NO

Do you understand that insurance cover is not provided by Safety House WA? ..... YES  NO

**IF YOU HAVE ANSWERED  TO ALL RELEVANT QUESTIONS ABOVE, WE HOPE YOU WILL DECIDE TO PROCEED AND COMPLETE THE SAFETY HOUSE APPLICATION FORM**

**NB EVERY ADULT RESIDENT WHO IS LIKELY TO ASSIST A CHILD AT THE DOOR MUST HOLD A VALID WORKING WITH CHILDREN CARD. DETAILS OF THE WORKING WITH CHILDREN CARD NUMBER AND EXPIRY MUST BE ENTERED IN THE SPACE ON THE APPLICATION FORM.**

**PLEASE EMAIL YOUR COMPLETED APPLICATION FORM AS A SCANNED ATTACHMENT OR SMART PHONE IMAGE TO THE SAFETY HOUSE WA INC OFFICE [safety@safetyhousewa.org.au](mailto:safety@safetyhousewa.org.au)**



*Feeling unsure? Knock on a Safety House door!*