

Visiting service provider declaration form



Diocese of Toowoomba
Catholic Schools

Conflict of Interest

In accordance with the TCS Conflict of interest declaration policy, if you have a conflict of interest or perceived conflict of interest in providing a service in the school, please also complete the [Conflict of interest declaration form](#) and provide it to the school principal with this form.

Student protection

As a visiting service provider engaged with a Diocese of Toowoomba Catholic school or working within the Toowoomba Catholic Schools Office, it is a requirement that you are aware of student protection processes to ensure the safety and wellbeing of students. This will form part of your induction as a visiting service provider. Please complete the following.

For all visiting service providers	Sign once completed
I have received and read the Code of Conduct for Visiting Service Providers and Student Protection Information for Visiting Service Providers documents.	
I have viewed the Volunteer and Visiting Service Provider induction module via the TCS website .	
I have sought any clarification needed on content from the principal, Student Protection Contact or the Student Protection Officer (if applicable).	
For visiting service providers engaged with a school. I am able to identify the Student Protection Contacts within our school and they are as follows: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____	

Declaration

By signing this form, I verify

- a. I have not been convicted of a serious offence; and
- b. I agree to disclose any change to my (criminal) history to the school/Toowoomba Catholic Schools Office; and
- c. I know no legal or moral impediment to my suitability to work with children.

Blue card number _____	or AHPRA registration number _____		
Expiry _____	Type (paid/volunteer/exempt) _____		
School where services are provided (if multiple schools, list all)			
Name (please print)		Date of birth	
Email		Phone	
Signature		Date	
Principal/TSCO Supervisor name			
Principal/TSCO Supervisor signature		Date	
Service provided (tick)	<input type="checkbox"/> health <input type="checkbox"/> music <input type="checkbox"/> sport <input type="checkbox"/> other _____		

Once completed, and **signed by the school principal**, a copy of the form is to be retained at the school, who will then forward a copy to the Toowoomba Catholic Schools Office via tcs.bluecard@twb.catholic.edu.au. **Please keep a copy for your own records.**