

Declaration of Fitness and Background Form

Please complete all sections of this form in block capitals. This form is designed to be printed and filled out, or filled digitally prior to printing.

1. Personal Information

Full Name:

Date of Birth (DD/MM/YYYY):

Residential Address:

Phone Number:

Email Address:

Position / Role Applied For:

2. Declaration of Fitness

Please answer the following questions regarding your physical and mental fitness to perform the duties of the role.

Do you have any physical or mental health conditions that could affect your ability to safely perform the duties of the role? (Please type Yes or No):

If Yes, please describe any reasonable adjustments or support you may require:

3. Background and Character Declaration

Please answer the following questions regarding your background. A "Yes" answer does not automatically disqualify you from consideration.

Have you ever been convicted of a criminal offense (excluding minor traffic violations)? (Please type Yes or No):

Are there any criminal charges currently pending against you? (Please type Yes or No):

Have you ever been disciplined, suspended, or dismissed from employment or professional association? (Please type Yes or No):

If you answered "Yes" to any of the background questions, please provide details below:

4. Declaration

I declare that the information provided in this form is true, complete, and accurate to the best of my knowledge. I understand that any false statements, misrepresentations, or omissions may result in the rejection of my application, disciplinary action, or dismissal.

Applicant Signature (Sign here after printing):

Date (DD/MM/YYYY):

