



Division of Health Sciences

Vulnerable Children Act 2014 Safety Checking Form

The Vulnerable Children Act (VCA) 2014 requires that all people who work or are likely to work with children must be safety checked. The University is obliged to safety check students for all clinical health professional training programmes.

In order to assess your safety under the VCA, we need you to complete all of the following questions.

The information you provide will be kept securely, with access strictly controlled and limited to those who are entitled to see it as part of their duties. The VCA also requires a stringent Police vetting.

Full Name

ID Number

Date of Birth

Any other names you are known by

Programme(s) you have enrolled in:

- | | |
|--|--|
| <input type="checkbox"/> Bachelor of Dental Surgery (BDS) | <input type="checkbox"/> Bachelor of Pharmacy (BPharm) |
| <input type="checkbox"/> Bachelor of Dental Technology (BDentTech) | <input type="checkbox"/> Bachelor of Physiotherapy (BPhy) |
| <input type="checkbox"/> Bachelor of Medical Laboratory Science (BMLSc) | <input type="checkbox"/> Bachelor of Radiation Therapy (BRT) |
| <input type="checkbox"/> Bachelor of Medicine and Bachelor of Surgery (MB ChB) | <input type="checkbox"/> Master of Nursing Science (MNSc) |
| <input type="checkbox"/> Bachelor of Oral Health (BOH) | <input type="checkbox"/> Other (please specify) |

Please provide your work history for the last five years.

Year	Length of Service	Employer	Role	Reason for leaving
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Please provide details of two referees, who we can contact in relation to your Vulnerable Children Act 2014 Safety Check.
(These referees do not have to be work-related.)

Name

Phone number

Email

Name

Phone number

Email

1. Is there any reason, including past events, as to why you would pose any risk whatsoever to children?

Yes (please include further details below)

No

2. Do you have any convictions that would preclude you from being engaged as a children's worker?

Yes (please include further details below)

No

3. Are there any investigations or other matters that may be revealed in the safety checking process?

Yes (please include further details below)

No

DECLARATION

I solemnly and sincerely declare that to the best of my knowledge and belief the information given within this form is true and correct. I understand that giving a false declaration or failing to disclose all information may prevent me from gaining registration with the registering authority, or gaining access to practicum activities and may result in me being withdrawn or declined from the programme.

Signature

Date