D19/0069698

 Government of **Western Australia**

Department of **Education**

 **South Metropolitan Education Regional Office**

**CAR POOLING-CONFIDENTIAL DECLARATION-FORM**

This form is for persons transporting children other than their own to and/or from PEAC venues.

Please place a tick in one of the boxes below.

|  |  |  |
| --- | --- | --- |
| (1) | I declare that I **do not have** any convictions, circumstances or reasons that might preclude my working with or near children. |  |

Or

|  |  |  |
| --- | --- | --- |
| (2) | I declare that **I do have** convictions, circumstances or reasons that might preclude my working with or near children. The nature of these convictions, circumstances or reasons is outlined below. |  |

I have a **current driver’s licence**, my **vehicle is licensed**, and it has the **required number of seatbelts** for the number of students being transported.

The vehicle used to transport PEAC students has comprehensive motor vehicle insurance cover and be suitable for such use.

I certify the accuracy of the above information. I am aware that I may be required to provide a police clearance if it is considered necessary to verify the information provided.

I acknowledge that I will be asked to transport students from time to time with parental approval (see details below).

Name of Driver Transporting Students: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s Telephone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vehicle registration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Students being transported: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Student Name | Parent Name | Parent Signature |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**NOTE: Completed copy must be provided to the Principal of Home School and the**

***PEAC Course teacher on the first session. Email:*** ***Sandra.Whitehurst@education.wa.edu.au***