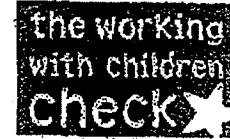


PAGE 02
 Commission for Children and Young People Tel: 02 9286 7220 Fax: 02 9286 7201 WWW/dfs.nsw.gov.au/child
 HUNTER ACS
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 12/02/2003

THE WORKING WITH CHILDREN CHECK REQUEST FORM
 (For use by employers only)



ATTACHMENT 6

I certify that:

- 1) I am the employer/prospective employer of the individual(s) listed below
- 2) I have the authority to submit their name and details to the certified Approved Screening Agency, with which my organisation is registered, for child-related employment screening purposes
- 3) the Employment status of the people listed on this schedule is accurate
- 4) Information in relation to the scope of the screening process and the proceedings entailed has been provided to all individuals whose names are submitted
- 5) all individuals have consented to these checks being conducted and have signified their awareness and understanding of the screening process.

Name: Steve Larkins Signature: [Signature] Position: Co-ordinator Date: 12/2/03

EMPLOYER DETAILS:

Employer ID: 1036 Phone: REDACTED
 Employer/Organisation name: Hunter Aboriginal Children's Services Fax: REDACTED
 Address: REDACTED Email: REDACTED
 Relevant Contact Person: Steve Larkins Position: Co-ordinator

DETAILS OF INDIVIDUALS TO BE SCREENED:

First Name	Middle Name	Surname	Previous Names or aliases	Address	Gender Please Indicate (M) or (F)	Date of birth	Place of Birth City, State, Country	Employment Status Paid Mandatory (PM), Paid Optional (PO) or Unpaid/Volunteer (UV)
Steven	Andrew	Larkins	-	[REDACTED]	M	5/5/66	REDACTED	PM
				[REDACTED]			AUST	
[REDACTED]								

[Signature]
 Employer's Signature

NOTE: This form should be forwarded to the relevant contact person at your Approved Screening Agency.

17 FEB 2003

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13/2/03
 [Signature]

"A"

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