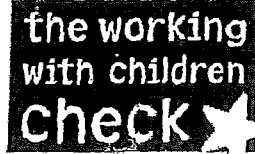


ATTACHMENT 6 (CONTINUED)

DETAILS OF INDIVIDUALS TO BE CHECKED Please use block letters.



Family name: ~~Smith~~ Ockwell

Given name(s): Danielle Leesha

Previous names/aliases: _____

Date of birth: 01/01/1990 Gender: (Please tick) Male Female

Place of birth (city, state, country): Sydney

Identifying document type (e.g. driver's licence/passport): _____

Identifying document number: _____

Address: _____

Suburb/Town: _____ State: NSW Postcode: _____

Contact telephone number: _____ Contact email: _____

Title of position applied for: Childcare assistant

Short-term employee (i.e. being employed for a period of less than six months): (Please tick) Yes No

Type of position (Please tick):

Paid employee Religious leader/spiritual official of a religion Foster carer

Family name: _____

Given name(s): _____

Previous names/aliases: _____

Date of birth: _____ Gender: (Please tick) Male Female

Place of birth (city, state, country): _____

Identifying document type (e.g. driver's licence/passport): _____

Identifying document number: _____

Address: _____

Suburb/Town: _____ State: _____ Postcode: _____

Contact telephone number: _____ Contact email: _____

Title of position applied for: _____

Short-term employee (i.e. being employed for a period of less than six months): (Please tick) Yes No

Type of position (Please tick):

Paid employee Religious leader/spiritual official of a religion Foster carer

This information may be used for monitoring and auditing compliance with procedures and standards for the Working With Children Check in accordance with Section 38(1)(f) of the *Commission for Children and Young People Act 1998*.

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