**Safety House Association of Western Australia Inc. ABN 18 933 719 759**

***Safety House WA Inc. is a NFP Incorporated Association with ATO and ACNC accreditation as a***

***Registered Charity with Deductible Gift Recipient and Public Benevolent Institution status.***

 **Safety House WA Inc. Head Office**

**HEAD OFFICE POSTAL ADDRESS: PO Box 340, MIDLAND DC WA 6936**

**VOICEMAIL: (08) 6142 8579 EMAIL: safety@safetyhousewa.org.au**

**WEBSITE: www.safetyhousewa.org.au**

**QUESTIONS FOR APPLICANTS WISHING TO JOIN THE SAFETY HOUSE PROGRAM**

**BUSINESS/ORGANISATION PREMISES**

**FIRST, LOOK AROUND TO SEE WHETHER THERE IS PROPER CHILD ACCESSIBILITY AND STREET VISIBILITY TO MAKE YOUR BUSINESS PREMISES SUITABLE AS A SAFETY HOUSE**

Is the front entrance of your business premises easily visible from the street? **YES**🞏 **NO**🞏

Is there easy access for a child to the front entrance of your premises from the street? **YES**🞏 **NO**🞏

Is the entrance to your premises easily visible and not hidden by a wall, fence or trees? **YES**🞏 **NO**🞏

Are your premises usually open at the times children are going to and from school? **YES**🞏 **NO**🞏

**ANY NO☑ ANSWERS MAY MEAN IT IS POSSIBLY NOT SUITABLE AS A SAFETY HOUSE. IF YOU ARE UNSURE PLEASE DISCUSS THE ISSUES WITH THE SAFETY HOUSE OFFICE.**

**PLEASE CONSIDER THE FOLLOWING QUESTIONS. IF YOU HAVE ANY QUESTIONS OR WISH TO DISCUSS ANY ITEM PLEASE CONTACT SAFETY HOUSE WA AT safety@safetyhousewa.org.au**

Is there at least one adult on the premises who holds a valid Working with Children Card? **YES**🞏 **NO**🞏

Would a child alone in your premises be assisted by a staff member without delay? **YES**🞏 **NO**🞏

Are you happy to assist any child in need who might come to your premises for help? **YES**🞏 **NO**🞏

Do you agree to contact the parents of a child who seeks help at your premises? **YES**🞏 **NO**🞏

Are you willing to contact WA Police if you think an offence has been, or could be, committed? **YES**🞏**NO**🞏

Do you agree to display a Safety House sign at the front of your premises? **YES**🞏 **NO**🞏

Do you agree to remove the Safety House sign if you move premises? **YES**🞏 **NO**🞏

Do you understand that insurance cover is not provided by Safety House WA? **YES**🞏 **NO**🞏

**IF YOU HAVE ANSWERED YES**☑ **TO ALL RELEVANT QUESTIONS ABOVE, WE HOPE YOU WILL DECIDE TO PROCEED AND COMPLETE THE SAFETY HOUSE APPLICATION FORM**

**NB EVERY ADULT WHO IS LIKELY TO ASSIST A CHILD AT THE PREMISES MUST HOLD A VALID WORKING WITH CHILDREN CARD. DETAILS OF THE WORKING WITH CHILDREN CARD NUMBER AND EXPIRY MUST BE ENTERED IN THE SPACE ON THE APPLICATION FORM.**

**PLEASE EMAIL YOUR COMPLETED APPLICATION FORM AS A SCANNED ATTACHMENT OR SMART PHONE IMAGE TO THE SAFETY HOUSE WA INC OFFICE safety@safetyhousewa.org.au**

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**Feeling Unsure? Knock on a Safety House door!**

# Safety House WA Inc. ABN 18 933 719 759 Safety House WA Head Office, PO Box 340, MIDLAND DC WA 6936

DATE APPLICATION RECEIVED:

COMMITTEE:

SCHOOL**:**

HOUSE:

HOUSE:

**Voicemail (08) 6142 8579 Email: safety@safetyhousewa.org.au Website www.safetyhousewa.org.au**

ORGANISATION/BUSINESS NAME:

SAFETY HOUSE COMMITTEE:

LOCAL PRIMARY SCHOOL:

**APPLICATION TO JOIN THE SAFETY HOUSE PROGRAM – ORGANISATION/BUSINESS**

**BUSINESS/ORGANISATION NAME:**

**BUSINESS/ORGANISATION PREMISES ADDRESS:** **POSTCODE:**

**WORK PHONE NUMBER:** **WORK EMAIL ADDRESS:**

**THE DEPARTMENT OF CHILD PROTECTION REQUIRES AT LEAST ONE APPLICANT MUST ALREADY HOLD A VALID WORKING WITH CHILDREN CARD.**

**If YOU NEED TO GET A Working with Children Card, contact the Safety House WA Head Office who will be able to HELP yoU**

**NB SAFETY HOUSE APPLICATIONS CANNOT BE PROCESSED UNLESS WORKING WITH CHILDREN CARD INFORMATION IS PROVIDED**

**PRIMARY CONTACT PERSON: DAY MONTH YEAR**

** 2021 FORENAME(S) SURNAME: DATE OF BIRTH:**

 **WORKING WITH CHILDREN CARD NUMBER:** **WWC CARD EXPIRY DATE:**

**OR**

**WORKING WITH CHILDREN APPLICATION RECEIPT NUMBER:** **WWC CARD APPLICATION DATE:**

 **NOMINATION VOUCHER TO BE AWARDED TO: *(Can be self-nomination)*** **EMAIL:**

**PLEASE LIST BELOW THE NAME AND DETAILS OF EVERY OTHER PERSON WHO WORKS OR RESIDES AT THE WORK ADDRESS ABOVE.** By signing below all persons indicate that they understand and agree to abide by Safety House WA principles and are aware that public liability/personal injury insurance cover is not provided by Safety House WA. The signature also accepts that all persons aged 14 years and over agree that Safety House WA Inc. may request the issue of a National Police Check Certificate as per the Statement of Consent below.

**If more space is necessary for other work associates please just continue the listing below with details of the workers on a separate sheet of paper.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FULL NAME** | **DATE OF BIRTH****Day/Month/Year** | **IF A VALID WWC CARD IS HELD****Please note number and expiry below** | **IF WWC CARD IS APPLIED FOR****Please note receipt number below** | **SIGNATURE** |
|  |  | **WWC Card Number****Card Expiry date** | **Receipt Number****Application Date** |  |
|  |  | **WWC Card Number****Card Expiry date** | **Receipt Number****Application Date** |  |
|  |  | **WWC Card Number****Card Expiry date** | **WWC Card Number****Card Expiry date** |  |
|  |  | **WWC Card Number****Card Expiry date** | **Receipt Number****Application Date** |  |

**Statement of Consent and Indemnity** I consent to a police check of the records of all Australian Police jurisdictions and to the acknowledgement of the existence of any convictions to an approved volunteer group. In consideration of WA Police releasing and acknowledgement of any convictions, under this application, I hereby indemnify the state of WA, its servants and agents including all members of WA Police against all actions, suits, proceedings, causes of actions, costs, claims and demands whatsoever which may be brought or made against it or them by any body or person by reason of, or arising out of, the reason of any details of any conviction and other information recorded against my name to either relate to or concern me.

**PRINCIPAL CONTACT PERSON’S SIGNATURE OF CONSENT:** DATE:

**SAFETY HOUSE WA INC PERSON’S SIGNATURE:** DATE:

**When this form is complete please email a scanned image to safety@safetyhousewa.org.au or post form to PO BOX 340, MIDLAND DC WA 6936**