**STATUTORY DECLARATION**

A person making a false declaration is guilty of an offence.

I,……………..........................................................................................................................

NAME

of...........................................................................................................................................

ADDRESS

in ................................................................................of □ Australia □ New Zealand

STATE/TERRITORY/REGION

am seeking registration in Victoria under the:

**TICK APPLICABLE**

□ *Mutual Recognition Act 1992* in accordance with the mutual recognition principle (Please tick if you are registered in another State or Territory of Australia)

□ *Trans-Tasman Mutual Recognition Act 1997* in accordance with the trans-Tasman mutual recognition principle

(Please tick if you are registered in New Zealand)

I do solemnly and sincerely declare that:

1. I am registered in the occupation of:

..................................................................................................................................

OCCUPATION(S)/ACTIVITY(S) REQUIRING RADIATION CONTROL LICENCE AND/OR ACCREDITATION

1. I am registered to perform the occupation(s)/activity(s) specified in point 1 in:

..............................................................................in □ Australia □ New Zealand

STATE/TERRITORY/REGION

If registration is held in more than one Australian State or Territory or region in New Zealand, specify these below:

..............................................................................in □ Australia □ New Zealand

STATE/TERRITORY/REGION

..............................................................................in □ Australia □ New Zealand

STATE/TERRITORY/REGION

..............................................................................in □ Australia □ New Zealand

STATE/TERRITORY/REGION

If more than four registrations are held, write the additional details on a separate sheet of paper and attach to this Statutory Declaration.

Specify below any special condition(s) that you are subject to in carrying out the above activities or occupations in any other Australian State or Territory, or region in New Zealand. Attach a separate sheet if the space provided is insufficient.

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3. I am not the subject of disciplinary proceedings (including any preliminary investigations or action that might lead to disciplinary proceedings) in any Australian State or Territory, or region in New Zealand in relation to the occupations or activities specified above.

4. My registration to practice the occupations or activities above has not been cancelled nor is it currently suspended due to disciplinary proceedings in any Australian State or Territory, or region in New Zealand.

5. I am not personally prohibited from carrying on the occupation or activity specified in point 1 in any Australian State or Territory or region in New Zealand. I am not subject to any special conditions (other than those specified in point 2) in carrying on that occupation or activity, as a result of criminal or civil disciplinary proceedings in any Australian State or Territory or region in New Zealand.

6. I give my consent for the Victorian Department of Health and Human Services to make inquiries and exchange information with local registration authorities in other Australian States and Territories or regions in New Zealand regarding my activities in the above-stated occupation(s) or activities or otherwise, regarding matters relevant to this declaration.

7. I attach my registration document(s) listed in point 2. I certify that each of the documents attached is an original or is a complete and accurate copy of the original.

Initial the declaration in the box provided beside the Australian State or Territory or New Zealand where your Statutory Declaration is being made.

|  |  |  |
| --- | --- | --- |
|  | New Zealand | AND I make this solemn declaration conscientiously believing the same to be true and by virtue of the *Oaths and Declarations Act 1957*. |
|  | NSW | AND I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the *Oaths Act 1900*. |
|  | VIC | AND I acknowledge that this declaration is true and correct, and I make it in the belief that a person making a false declaration is liable to the penalties for perjury. |
|  | QLD | AND I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the *Oaths Act 1867*. |
|  | SA | AND I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the *Oaths Act 1936*. |
|  | WA | AND I make this declaration by virtue of the *Oaths, Affidavits and Statutory Declarations Act 2005* and I sincerely declare that this declaration is true and I know that it is an offence to make a declaration knowing that it is false in a material particular. |
|  | Tas | AND I make this solemn declaration under the *Oaths Act 2001*. |
|  | NT | AND I solemnly and sincerely declare by virtue of the *Oaths Affidavits and Declarations Act* that this declaration is true and I know it is an offence for which I may be fined or imprisoned to make a declaration knowing that it is false in a material particular. |
|  | Cwlth/ACT | AND I make this solemn declaration by virtue of the *Statutory Declarations Act 1959* and subject to the penalties provided by that Act for the making of false statements in statutory declarations, conscientiously believing the statements contained in this declaration to be true in every particular. |

Declared at............................................................................................................................

ADDRESS

in the State/Territory/Region of ..............................................................................................

in the Country of ...................................................................................................................

this ............................................day of ...................................................20..........................

.............................................................. before me ..............................................................

....................................................... ………………………………………………….….

SIGNATURE OF DECLARANT SIGNATURE OF WITNESS

.............................................................................................................................................

ADDRESS OF WITNESS

.........................................................................................................Postcode......................

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QUALIFICATION OF WITNESS (E.G. JUSTICE OF THE PEACE OR OTHER RELEVANT QUALIFICATION IN YOUR JURISDICTION)