Faculty of Medicine, Nursing and Health Sciences

WWC CHECK VERIFICATION FORM

Please present this form to your course administrator along with your Working with Children (WWC) Check ID card in order that it can be sighted by a member of staff. It is a requirement by the Department of Justice that such checks for student’s undertaking clinical and community placements are to be completed prior to commencing clinical placements. The WWC check will remain valid for five years.

This form is to certify that I have obtained a WWC check, which will enable me to attend placements in clinical and community based agencies as per degree curriculum requirements.

I give permission for my WWC Check ID card to be sighted by a Faculty of Medicine, Nursing & Health Sciences staff member and a record that the card has been cited made.

I understand that Monash University is required to inform placement organisations, prior to commencement of all student placements, that a WWC check has been undertaken, and is current. In the event that the WWC check results in a disclosable and/or pending matter, I understand that the Department of Justice will notify the faculty accordingly. The faculty will notify placement organisations as required. The course convenor for my course of study will interview me as to my enrolment options and course progression.

I understand that it is my responsibility to notify my course administrator if the status of my Working With Children check status changes at any time during my course of studies.

Name:  _____________________________________________________________________
Student ID:  _____________________________________________________________________
Signature:  _____________________________________________________________________
Date:  _____________________________________________________________________

To be completed by a staff member:

☐ WWC Check ID card sighted  ☐ WWC Check letter sighted  ☐ Check complete date:__________

Staff signature:  _____________________________________________________________________
Staff name:  _____________________________________________________________________
Date sighted:  _____________________________________________________________________

This form is to be retained by the Faculty of Medicine, Nursing & Health Sciences. The Working with Children Check ID card is to be retained by the student. Student to be informed of any disclosable and/or pending matters as soon as they are made known by the Department of Justice.

Privacy Collection Statement

The information on this form is collected for the primary purpose of enabling the Faculty of Medicine, Nursing & Health Sciences to record that you have a current Working With Children check card. Other purposes of collection include: to communicate with you and where relevant to assess your suitability for placement. Information confirming that you have a current National Police Record will be disclosed to organisations facilitating your student placement. If you choose not provide all the information requested on this form it may not be possible for Monash University to provide you with a student placement. You have a right to access personal information that Monash University holds about you, subject to any exceptions in relevant legislation. If you wish to seek access to your personal information or inquire about the handling of your personal information, please contact the University Privacy Officer at: privacyofficer@adm.monash.edu.au.