



5 SILK STREET (PO BOX 430) ROSANNA VIC 3084

EMAIL: macleod@cam.org.au **WEB:** www.smot.org.au

ABN: 21 504 260 106

SMOT: CS007

STEP 4

- In section D Payment Provider, **Is this certificate being paid for by an organisation?** Put X in the 'Yes' box and complete the following details for 'organisation's representative':

Name of representative:

Elizabeth Jernejcic

Title:

Accounts Mgr

Organisation:

St Martin of Tours

Parish

Address:

PO Box 430, Rosanna,

VIC 3084

Tel:

03 9401 6338

Section D: Payment Provider (This section must be completed) Copies of the certificate will NOT be provided to employer/organisation.

Is this certificate being paid for by an employer/organisation or for Victoria Police purposes? ☒ Yes (refer below) ☐ No (go to section E)

Note: Results of 'Working with Police' checks will be released to the Victoria Police representative nominated in this section.

If you answered Yes, this section must be completed and signed by the employer/organisation's representative or by a Victoria Police representative if check is for Working with Police.

Name of Employer/organisation's representative
E L I Z A B E T H J E R N E J C I C
Title of representative (e.g. Manager, Co-ordinator)
A C C O U N T S M G R

Employer/organisation
S T M A R T I N O F T O U R S P A R I S H

Unit number/street number/street name/PO Box (with a gap between numbers and words)
P O B O X 4 3 0

Suburb/town/locality
R O S A N N A
State
V I C
Postcode
3 0 8 4

Daytime contact phone number/mobile
0 3 9 4 0 1 6 3 3 8

To ensure the protection of privacy and the provision of natural justice, I authorise Victoria Police to deliver the certificate only to the applicant's residential or nominated postal address.

Please sign within the box and use BLACK INK

Signature of employer/organisation's representative

Leave this box blank

STEP 5

- In section E, complete option 2,

Type in: *Parish Volunteer.*

Section E: Purpose of check (This section must be completed)

Complete only ONE of the following three options. Different certificates are issued according to the type of check. If you require more than one certificate for different purposes, you need to apply and pay for separate certificates.

OPTION 2 - Volunteer/authorised student placement
(please specify)

Volunteer Position (eg. Fundraising, Nursing placement)
P A R I S H V O L U N T E E R

Volunteering organisation (eg. Monash University, Rotary Club)
S T M A R T I N O F T O U R S P A R I S H

Community Volunteer Fee (CVF) details including CVF number MUST be provided below for any Option 2 selection.

Declaration of volunteer/authorised student status
This section is to be completed by organisations that have applied for and have a CVF (Community Volunteer Fee) number. This section can ONLY be completed by a representative of such an organisation. The reduced payment rate will NOT be permitted unless this section is completed.
I declare that the applicant named on this form is a student or a prospective volunteer authorised by the organisation named below. The applicant will receive no payment for their services.

Name of organisation
S T M A R T I N O F T O U R S P A R I S H

Name of organisation's representative
E L I Z A B E T H J E R N E J C I C
Daytime contact phone number/mobile
0 3 9 4 0 1 6 3 3 8

Representative email
E L I Z A B E T H . J E R N E J C I C @ C A M . O R G . A U

Signature
Date signed
Community Volunteer Fee number

Leave this box blank

Leave this box blank

Type the name of organization and representative

STEP 6

- Section F: TO BE SIGNED IN THE PRESENCE OF THE CERTIFIER – SEE STEP 8.

STEP 7

- In section G, complete for 100 points. Proof of identity for 100 points is listed on the form.

STEP 8

- Finally:

Print the form and bring it to the parish office together with 100 points of identification for verification and copying. You will sign the form in Elizabeth Jernejcic's presence. All remaining details will be completed at the parish office. You will not have to pay for this Police Check.