Western Australian Government state crest

Form APP04

Update details

Contact details and child-related work

This form is used to advise the Working with Children (WWC) Screening Unit of a change to your personal details, contact details and/or [child-related work](https://www.wa.gov.au/organisation/department-of-communities/working-children-check-who-needs-wwc-check) circumstances, which will be noted on your WWC record only. Further information on how to change the details on your WWC Card can be found in [Factsheet APP02: Change in particulars, updating of details](https://www.wa.gov.au/government/document-collections/working-children-check-resources-and-guides).

Please only complete the sections or fields which require updating or changing. Your personal details and consent declaration must be completed, otherwise this form cannot be accepted.

If you require assistance translating or interpreting the information in this form, please call the Translating and Interpreting Service (TIS National) on 131 450.

**Personal details (mandatory)**

This information is for verification purposes.

|  |  |
| --- | --- |
| Family name (as shown on your WWC Card) |  |
| Given name (as shown on your WWC Card) |  |
| Date of birth |  |
| Application / notice number (if applicable) |  |

**Update to personal and/or contact details**

Please complete only the fields where your details have changed. A change of name will not result in an update to the name on your current WWC Card.

Last updated October 2023

|  |  |  |  |
| --- | --- | --- | --- |
| Family name |  | | |
| Given name |  | | |
| Preferred name |  | | |
| Daytime phone number |  | | |
| Mobile number |  | | |
| Email |  | | |
| Residential street address |  | | |
| Suburb / Town |  | | |
| State / Territory |  | Post code |  |
| Country |  | | |
| Postal address  Last updated June 2023 | same as residential address | | |
| Street details/PO box |  | | |
| Suburb / Town |  | | |
| State / Territory |  | Post code |  |
| Country |  | | |

**Change in child-related work**

Last updated March 2023.

Your organisation will be notified of changes made within this section. The term ‘organisation’ is taken to mean your employer/volunteer organisation/education provider or child-related business. If you need to make changes to more than one organisation, please add another copy of this document. If you are Self-employed, please complete Parts 1 and 2 only.

|  |
| --- |
| **Part 1 – Child-related work circumstances (ceased/commenced/changed)** |
| Change to existing child-related work |
| New child-related work commenced or about to commence |
| Child-related work not commenced with nominated organisation |
| Did not commence or have ceased child-related business |
| Have ceased undertaking all child-related work |

|  |  |
| --- | --- |
| Date commenced. (DD/MM/YYYY)  Last updated May 2023  Last updated May 2023 |  |
| Date ceased. (DD/MM/YYYY) |  |

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|  |  |  |  |
| --- | --- | --- | --- |
| Type of child-related work:  Last updated June 2023  Last updated June 2023  Last updated May 2023 | | | |
| Paid employee | Self-employed | Volunteer | Unpaid student |

|  |  |
| --- | --- |
| Job title / role with children  Last updated May 2023 |  |
| Category of child-related work (1-18) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Part 2 – Organisation details** | | | |
| This is the organisation that you have commenced/ceased/changed your child-related work circumstances with. | | | |
| Name of Organisation |  | | |
| Phone number |  | | |
| Street address |  | | |
| Suburb / Town |  | | |
| State / Territory |  | Post code |  |
| Country |  | | |
| Postal address  Last updated June 2023 | same as street address | | |
| Street details/PO box |  | | |
| Suburb / Town |  | | |
| State / Territory |  | Post code |  |
| Country |  | | |

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| **Part 3 - Notice recipient details** | | | |
| This is the person and/or position, and address at the organisation to which the notification of changes, and other relevant communication will be sent. This person/position may be the organisation representative, or an alternate notification point/recipient. Please check with your organisation if you are unsure of whose details to provide.  Do not complete this section if you are Self-employed. | | | |
| Full name |  | | |
| Position title |  | | |
| Email address (required) |  | | |
| Direct contact number |  | | |
| Street address  Last updated June 2023 | same as Part 2 | | |
| Street details |  | | |
| Suburb / Town |  | | |
| State / Territory |  | Post code |  |
| Country |  | | |
| Postal address  Last updated June 2023 | same as Part 2 | | |
| Street details/PO box |  | | |
| Suburb / Town |  | | |
| State / Territory |  | Post code |  |
| Country |  | | |

**Declaration (mandatory)**

I confirm that:

* I have fully completed this change of particulars form, and that the information I have provided is true and correct.
* I understand that it is an offence to provide false and misleading information to the WWC Screening Unit
* I have read and understood the information provided to me.
* I understand and agree to provide my ongoing consent as outlined in [Factsheet APP01: Consent, informed and ongoing](https://www.wa.gov.au/government/document-collections/working-children-check-resources-and-guides). ****

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|  |  |
| --- | --- |
| Name |  |
| Signature |  |
| Date |  |

****Please send to PO Box 8553, Perth BC, WA 6849 or email to [checkquery@communities.wa.gov.au](mailto:checkquery@communities.wa.gov.au)

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