



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 Head Office, PO Box 340, MIDLAND DC WA 6936
 EMAIL: safety@safetyhousewa.org.au 24 HOUR VOICEMAIL: (08) 6142 8579
 WEBSITE: www.safetyhousewa.org.au

CHECKLIST FOR APPLICANTS WISHING TO JOIN THE SAFETY HOUSE PROGRAM PRIVATE RESIDENCE

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

- Is the front door of your house easily visible from the street? YES NO
- Is there easy access for a child to the front door of your house from the street? YES NO
- Is the entrance to your house easily visible and not hidden by a wall, fence or trees?..... YES NO
- Is it easy for a young child to seek help at your house, without being scared by any dog? YES NO
- Is an adult usually in or around the house at the times children are going to and from school? YES NO

ANY NO ANSWERS ABOVE MAY MEAN IT IS POSSIBLY NOT SUITABLE AS A SAFETY HOUSE. IF YOU ARE NOT SURE PLEASE DISCUSS THE ISSUES WITH A SAFETY HOUSE WA PERSON.

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 in your home who holds a valid Working with Children Card? YES NO
- Are you happy to assist any child in need who might come to your door for help? YES NO
- Do you agree to contact the parents of a child who seeks help at your door? 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 affix a Safety House plate to your letterbox? YES NO
- Do you agree to remove the Safety House letterbox plate when you move house? 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 OVERLEAF

NB EVERY ADULT RESIDENT WHO IS LIKELY TO ASSIST A CHILD AT THE DOOR MUST HOLD A VALID WORKING WITH CHILDREN CARD. DETAILS OF THE WORKING WITH CHILDREN CARD NUMBER AND EXPIRY DATE 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



Feeling unsure? Knock on a Safety House door!

DATE APPLICATION RECEIVED:	COMMITTEE: 318
	SCHOOL: HOUSE:

FAMILY NAME:	LOCAL PRIMARY SCHOOL:	SAFETY HOUSE COMMITTEE: Manjimup Group-Safety House WA Head Office
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APPLICATION TO JOIN THE SAFETY HOUSE PROGRAM - PRIVATE RESIDENCE

PRIMARY CONTACT PERSON::

FORENAME(S): SURNAME: DATE OF BIRTH

DAY	MONTH	YEAR

HOME ADDRESS: POSTCODE:

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CONTACT PHONE NUMBER: EMAIL ADDRESS:



THE DEPARTMENT OF CHILD PROTECTION REQUIRES THAT 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 FULL WORKING WITH CHILDREN CARD INFORMATION IS PROVIDED



WORKING WITH CHILDREN CARD NUMBER: WWC CARD EXPIRY DATE:

OR, IF WWC CARD HAS BEEN APPLIED FOR BUT NOT YET APPROVED OR ISSUED, AUSTRALIA POST WWC CARD APPLICATION RECEIPT NUMBER AND THE DATE OF APPLICATION

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 LIVES OR WORKS AT THE RESIDENCE 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 and Indemnity shown below.

FULL NAME	DATE OF BIRTH DAY/MONTH/YEAR	IF A VALID WWC CARD IS HELD PLEASE NOTE CARD NUMBER AND EXPIRY DATE BELOW	IF WWC CARD IS APPLIED FOR PLEASE NOTE AUS POST 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	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