

Statutory Declaration

OATHS ACT 1900, NSW, NINTH SCHEDULE

I,, of
[name of declarant]
[residence]

do hereby solemnly and sincerely declare and affirm that the following is a true and accurate account of my previous work history

Name of Employer / Hospital	Start Date DD/MM/YY	Term Date DD/MM/YY	Position Held	FT PT C	Speciality Ward or Area	Hrs worked / week	Total hrs worked over period

Details of unpaid leave within service details provided above

Details of long service leave taken or paid

[the facts to be stated according to the declarant's knowledge, belief, or information, severally]

And I make this solemn declaration, as to the matter (or matters) aforesaid, according to the law in this behalf made – and subject to the punishment by law provided for any willfully false statement in any such declaration.

Declared at: on
[place]
[date]

.....
[signature of declarant]

in the presence of an authorised witness, who states:

I,, a
[name of authorised witness]
[qualification of authorised witness]

certify the following matters concerning the making of this statutory declaration by the person who made it:
[please cross out any text that does not apply]*

1. *I saw the face of the person OR *I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person had a special justification for not removing the covering, and

2. *I have known the person for at least 12 months OR *I have confirmed the person's identity using an

identification document and the document I relied on was
[describe identification document relied on]

.....
[signature of authorised witness]

.....
[date]