**Pre- Employment Health Status Requirements & Health Declaration**

**Policy and Forms**

**Purpose**

To ensure that applicants are fit and able to for fill the requirements of the position, employment with the Ord Valley Aboriginal Health Service (OVAHS) is conditional on applicants complying with the pre-employment Health Declaration policy and completing the Pre-Employment Health Declaration Forms and returning it with your job application to your respective manager.

**Application of the Policy**

This Policy applies to employees, agents and contractors (including temporary contractors) of OVAHS, collectively referred to in this Policy as ‘workplace participants’.

**Evidence Base Reference**

The collection and processing of this information is in accordance with the

* Work Health and Safety Act 2020
* Workers Compensation & Injury Management Act 1981
* Equal Opportunity Act 1984.
* doc\_063\_Health Information Collection Policy

**Pre-employment Health Declaration Policy**

Employment with the Ord Valley Health Service (OVAHS) is conditional on the applicant being a fit and proper person and fully able to perform the inherent requirements of the position. When completing the pre-employment health declaration, it must be in full knowledge of the position as outlined in the duty statement, and selection criteria. Read the documents carefully and discuss any queries that you may have prior to completing the form with the respective manager.

The primary purpose of this pre-employment health declaration is to assist OVAHS to ensure that no person is placed in an environment or given tasks that will result in physical or mental harm. It is not the intention of the pre-employment health declaration to deny a person employment solely because of disability or illness. The pre-employment health declaration does enable, where applicable, appropriate and reasonable action to be taken by OVAHS to meet the provisions of Section 79 of the *Workers Compensation & Injury Management Act 1981*and Section 20 of the *Work Health and Safety Act 2020.*

Section 79 of the *Workers Compensation & Injury Management Act 1981*, requires disclosure to your employer of any pre-existing injuries or disease that you have suffered, or existing injuries or disease that you continue to suffer of which you are aware and could reasonably be expected to foresee, and could be affected by the nature of the proposed employment referred to above.

Section 20 of the *Work Health and Safety Act 2020*, states that an employer shall provide and maintain, so far as reasonably practicable, for employees a working environment that is safe and without risks.

Failure to make a disclosure, or the making of a false or misleading disclosure, may disentitle you to compensation pursuant to the *Workers Compensation & Injury Management Act 1981* should you suffer any recurrence, aggravation, acceleration, exacerbation or deterioration of a pre-existing injury or disease. OVAHS may rely upon any failure to disclose in accordance with the provisions of the *Workers Compensation & Injury Management Act 1981* as grounds for denying compensation.

This pre-employment health declaration also assists OVAHS to obtain information to enable it to meet its obligation under the *Equal Opportunity Act 1984* to make reasonable adjustments for an employee or prospective employee in order to perform the genuine and reasonable requirements of the employment.

**Privacy Note**

The completed pre-employment health declaration form will be retained on your personnel file. Where employment is not taken up, for whatever reason, all documents relating to your application will be retained for six months after the finalisation of any appointment appeal and then destroyed.

OVAHS may disclose some of your personal information, as applicable; to an independent medical examiner should OVAHS require an assessment of your suitability for employment and fitness for duty. Your health declaration may be also disclosed to the OVAHS Work Safe insurer should you submit a OVAHS claim for compensation.

**Pre-employment Health Declaration Forms**

Complete the following forms and return to respective manager.

1. Health Status Requirement Checklist 2. Health Declaration 3. Statutory Declaration

**Work Environment**

Work in small teams or alone in the OVAHS clinic (A/C), driving vehicles (A/C), remote communities and home visits (non A/C). Light to moderate manual handling. Some physical challenges due to temperatures and environment when on outreach visits. All positions involve working in a cross cultural environment.

**HEALTH STATUS REQUIRMENTS**

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| **DEMAND CLASSIFICATION** | **HEALTH STATUS REQUIRED**  **checklist** | initial |
| **Physical:**  (eg mobility, flexibility, stamina, use of limbs, range of movement, posture.) | 1. Ability to push/pull wheelchairs, trolleys and beds whilst walking 2. Strength, stamina and flexibility to manually handle patients, stores & equipment without predisposition to injury and with the use of Manual Handling Aids if available 3. High standard of personal hygiene 4. Must have no recurrent hypersensitivity to antiseptics and latex 5. Gross and fine motor movements within normal range 6. Able to walk & down stairs 7. Able to sit at a desk for extended periods |  |
| **Sensory:**  (eg speech, hearing, vision, touch, smell.) | 1. Hearing and speech ability to enable clear and coherent communication on the phone or face to face. 2. Vision within normal range, with or without aids 3. Ability to feel hot and cold temperatures |  |
| **Psychosocial/Psychological:**  (eg cognitive, interactive, and functional.) | 1. Ability to respond to emergency and threatening situations appropriately 2. Ability to work as part of a team and alone 3. Ability to work accurately under time pressure 4. Ability to comply with policies and procedures 5. Ability to work in a cross cultural environment 6. Ability to work in hot conditions |  |
| **Hazard Exposure:**  (eg contact with blood or body substances, skin irritants, etc.) | 1. Direct exposure to blood/body substances therefore must not have any condition that would put self and others at risk   e.g. Skin shedding condition.   1. Manual handling – human and non human agencies |  |

**HEALTH DECLARATION**

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| **Q1.** Are you aware of any circumstances regarding your health or capacity to work that would interfere with your ability to perform the duties of the position?  *In answering this question Yes or No you are also covering factors such as: existing or exposure to infectious diseases, taking of medication/treatment on a regular basis (daily, weekly, monthly) If yes, what adjustments do you need to perform the genuine and reasonable requirements of the employment (if any)?”* |
| NO [ ] YES [ ], if yes, please provide details. |
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| **Q2.** Do you have an existing injury or condition or pre-existing injury or condition that could be affected by the nature of the proposed employment?  *Existing is a condition for which treatment is still being received. Pre-existing is where an injury or condition/s is present but treatment is not required. If yes please provide details of the injury or condition(s)*. *If yes, what adjustments do you need to perform the genuine and reasonable requirements of the employment (if any)?”* |
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| NO [ ] YES [ ], if yes, please provide details. |
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| **Q3. Do you have any current or previous workers’ compensations claims?** |
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| **NO [ ] YES [ ], if yes, please provide details.** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Complete the Statutory Declaration: next page.**

# STATUTORY DECLARATION

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| 1  Insert the name, address and occupation of person making the declaration | I,1 , of    make the following declaration under the Statutory Declarations Act 1959:  2  **1A** I have read and understood the position as outlined in the job description  **1B** I understand that the Health Declaration and statements are made with knowledge of the requirements and duties set out in the job description and health status requirements.  **1C** I understand that the Health Declaration herein is directly related to the health status requirements checklist form and duties detailed in the job description.  **1D** I understand that my employment is conditional on being able to perform the inherent requirements of the position.  **2A [Cross out whichever is not applicable**]  (a) I am not aware of any circumstances regarding my health or capacity to work that would interfere with my ability to perform the duties of the position.  (b) I am aware of circumstances regarding my health or capacity to work that would interfere with my ability to perform the duties of the position. I have provided details of these circumstances in the Health Declaration form.  **2B [Cross out whichever is not applicable]**  (a) I do not have an existing injury or pre-existing injury or condition that would prevent my performing the inherent requirements of the position.  (b) I do have an existing injury or pre-existing injury or condition that would prevent my performing the inherent requirements of the position. I have provided details of such existing injury or pre-existing injury or condition in the Health Declaration form.  **3A**  I have made no false statements or material omissions in relation to my past and present state of health.  **3B** I understand that any wilfully incorrect or misleading answer or material omission which relates to the information provided above may make me ineligible for employment, or if employed may result in my termination.  **4C** I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the Statutory Declarations Act 1959, and I believe that the statements in this declaration are true in every particular. |
| 2  Set out matter declared to in numbered paragraphs |
| 3  Signature of person making the declaration | 3 |
| 4  Place  5  Day  6  Month and year | Declared at 4 on 5 of 6    Before me, |
| 7  Signature of person before whom the declaration is made (see over) | 7 |
| 8  Full name, qualification and address of person before whom the declaration is made (in printed letters) | 8 |

**Note 1**   A person who intentionally makes a false statement in a statutory declaration is guilty of an offence, the punishment for which is imprisonment for a term of 4 years — see section 11 of the Statutory Declarations Act 1959.

**Note 2**   Chapter 2 of the Criminal Code applies to all offences against the Statutory Declarations Act 1959 — see section 5A of the Statutory Declarations Act 1959.

A statutory declaration under the Statutory Declarations Act 1959 may be made before–

**(1) a person who is currently licensed or registered under a law to practise in one of the following occupations**:

Chiropractor Dentist Legal practitioner Medical practitioner

Nurse  Optometrist Patent attorney  Pharmacist

Physiotherapist Psychologist Trademarks attorney  Veterinary surgeon

(**2) a person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described); or**

**(3) a person who is in the following list**

|  |  |
| --- | --- |
| Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public | IV of the Marriage Act 1961 |
| Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the Consular Fees Act 1955) | Master of a court |
| Bailiff | Member of Chartered Secretaries Australia |
| Bank officer with 5 or more continuous years of service | Member of Engineers Australia, other than at the grade of student |
| Building society officer with 5 or more years of continuous service | Member of the Association of Taxation and Management Accountants |
| Chief executive officer of a Commonwealth court | Member of the Australian Defence Force who is:(a) an officer; or  (b) a non-commissioned officer within the meaning of the Defence Force Discipline Act 1982 with 5 or more years of continuous service; or(c) a warrant officer within the meaning of that Act |
| Clerk of a court | Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants |
| Commissioner for Affidavits | Member of the Parliament :Commonwealth; State; Territories |
| Commissioner for Declarations | Minister of religion registered under Subdivision A of Division 1 of Part IV of the Marriage Act 1961 |
| Credit union officer with 5 or more years of continuous service | Notary public |
| Employee of the Australian Trade Commission who is:  (a) in a country or place outside Australia; and (b) authorised under paragraph 3 (d) of the Consular Fees Act 1955; and  (c) exercising his or her function in that place | Permanent employee of the Australian Postal Corporation with 5 or more years of continuous service who is employed in an office supplying postal services to the public |
| Employee of the Commonwealth who is:  (a) in a country or place outside Australia; and  (b) authorised under paragraph 3 (c) of the Consular Fees Act 1955; and (d) exercising his or her function in that place | Permanent employee of:  (a) the Commonwealth or a Commonwealth authority; or  (b) a State or Territory or a State or Territory authority; or  (c) a local government authority; with 5 or more years of continuous service who is not specified in another item in this list |
| Fellow of the National Tax Accountants’ Association | Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made |
| Finance company officer with 5 or more years of continuous service | Police officer |
| Holder of a statutory office not specified in another item in this list | Registrar, or Deputy Registrar, of a court |
| Judge of a court | Senior Executive Service employee of:  (a) the Commonwealth or a Commonwealth authority; or  (b) a State or Territory or a State or Territory authority |
| Justice of the Peace | Sheriff |
| Magistrate | Teacher employed on a full-time basis at a school or tertiary education institution |

***Variations***

*OVAHS reserves the right to vary, replace or terminate this policy from time to time.*