

# STATUTORY DECLARATION

QUEENSLAND OATHS ACT 1867 AND  
COMMONWEALTH STATUTORY DECLARATIONS ACT 1959

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**ADDRESS** PO BOX 4306, NORTH CURL CURL NSW 2099

## YOUR COURSE WILL NOT BE ASSESSED UNLESS

1. All **three** sections of this Statutory Declaration are completed **in full**.
2. A photocopy of your photographic ID, that has been **signed** by a JP is attached.

APPLICANT

I, ..... NAME  
of ..... ADDRESS in the State of .....

make the following declaration under the *Statutory Declarations Act 1959 (Commonwealth)* and do solemnly and sincerely declare that in accordance with Part 4 of the *Oaths Act 1867 (QLD)* that:

1. I have identified myself truthfully for the course undertaken.
2. The work submitted during the course was my own work.
3. I have received no assistance from anyone else (other than the trainer of the course) in the completion of the assessment.
4. The Time, Date and Place of assessment and the number of hours taken by me to complete the course and assessment is:

Date of Birth ..... DAY ..... MONTH ..... YEAR

Time (hours) taken to complete White Card program was .....

Date taken when White Card program was completed ..... DAY ..... MONTH ..... YEAR

Location where White Card program was completed ..... SUBURB ..... STATE

And I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the *Oaths Act 1867* QLD.

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* C'wlth, and I believe that the statements in this declaration are true in every particular.

SIGNATURE

**PLEASE KEEP SIGNATURE INSIDE BOX**

JP

**Note:** This section **must be signed** by a registered Justice of the Peace, Commissioner for Declarations, or legal practitioner.

Taken and declared before me at .....

this ..... day, of the month of ..... of the year .....

*Print full name, qualification and address of the person before whom the declaration is made.*

- Justice of the Peace
- Commissioner for Declarations
- Legal Practitioner

STAMP HERE

SIGNATURE

## APPLICANT'S DRIVER'S LICENCE

**PLACE YOUR DRIVER'S LICENCE OR OTHER PHOTO IDENTIFICATION HERE.**

IF YOUR ID DOESN'T FIT HERE, YOU WILL NEED TO MAKE A COPY ON A SEPARATE BLANK SHEET.

## DECLARATION BY WITNESS (A witness is someone who was present when you completed the exam. This can be a spouse or family member.)

I, ..... NAME  
of ..... ADDRESS in the State of .....

Contact number .....

do solely and sincerely declare that I am over the age of 18 years and that:

- I am the declarant, observed the course participant undertaking the course assessment; that the course participant is one and the same person as the person who undertook the course assessment on the said time, date and place of the assessment;
- the mode of course assessment undertaken was online;
- the residential address and telephone numbers (if any) of the declarant are correct;
- I, as the declarant know that it is an offence to make the declaration should it be false in any materials particular.

And I make this declaration conscientiously believing the same to be true.

Signature of the declarant/despondent (the Witness) SIGNATURE

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 four 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*.

WITNESS