**Instructions for completing a statutory declaration**

*Please complete the following form using the notes in the left-hand margin for guidance. More guidance on making statutory declarations can be found at* [*www.justice.vic.gov.au*](http://www.justice.vic.gov.au)*.*

*When making the statutory declaration the declarant must say aloud:*

I*, [full name of person making declaration]* of *[address],* declare that the contents of this statutory declaration are true and correct.

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| --- | --- | --- |
| *Insert the name, address and occupation of person making the statutory declaration.* |  | I, *[Insert name, address and occupation]*make the following statutory declaration under the **Oaths and Affirmations Act 2018:**1. I am a *[insert position of person signing. Note this person must be authorised to act on behalf of the organisation seeking funding]* of *[insert name of applicant organisation]* (**Applicant**).
2. The employees in relation to whom the Applicant is seeking subsidy/ies under the Jobs Victoria Fund (**Eligible Employees**) do not displace existing employees of the Applicant.
3. The Applicant pays at least legal minimum wages and entitlements as specified in the applicable award, enterprise agreement or National Employment Standards to the Eligible Employee(s).
4. The Eligible Employees are legally entitled to work for the Applicant.
5. The Eligible Employees commenced employment with the Applicant within 12 weeks of the date of application, unless the Eligible Employee(s) were previously employed under the Working for Victoria initiative or were employed by the Applicant under casual arrangements and have transitioned to a permanent or fixed-term job of at least 19 hours per week with the Applicant.
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|  |  | * ***Private sector, Aboriginal business, social enterprises, sole traders – payroll value***

*If the Applicant is a private sector business, Aboriginal business, social enterprise, or sole trader and had a payroll of less than $20 million in the last financial year* ***PLEASE MARK THE FOLLOWING BOX:*** |
|  | [ ]  | 1. This paragraph 6 applies to the Applicant and the Applicant had a payroll of less than $20 million in the financial year immediately preceding the date of application.
 |
|  |[ ]  This paragraph 6 does not apply to the Applicant.  |
|  |  | * ***Applicant employing Eligible Employee(s) who have transitioned from casual employment arrangements***

*If the Applicant employs Eligible Employee(s) who have transitioned from casual employment arrangements of no more than 16 hours per fortnight to fixed term or permanent position(s) with the Applicant* ***PLEASE MARK THE FOLLOWING BOX:*** |
|  |[ ]  1. This paragraph 7 applies to the Applicant and the following Eligible Employee(s): [*insert name(s)*]:
2. were employed by the Applicant as casual employee(s) and worked no more than 16 hours per fortnight; and
3. had their casual employment arrangements transitioned by the Applicant on or after 16 March 2021, to fixed-term or permanent employment of at least 19 hours per week.
 |
|  |[ ]  This paragraph 7 does not apply to the Applicant. |

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|  |  **I declare that the contents of this statutory declaration are true and correct and I make it knowing that making a statutory declaration that I know to be untrue is an offence.** |
| *Signature of person making the declaration* | *[insert signature]* |
| *Place (City, town or suburb)**Date* | **Declared at** | *[insert city, town or suburb]* | **\*in the state of Victoria** |
| on *[insert date]* |

|  |  |
| --- | --- |
| *Signature of authorised statutory declaration witness**Date* | **I am an authorised statutory declaration witness and I sign this document in the presence of the person making the declaration:***[insert signature]*on *[insert date]* |

|  |  |
| --- | --- |
|  | This document was witnessed by audio-visual link in accordance with the COVID-19 Omnibus (Emergency Measures) (Electronic Signing and Witnessing) Regulations 2020. |
| *Name, capacity in which authorised person has authority to witness statutory declaration, and address (writing, typing or stamp)* | *[insert name and capacity]*A person authorised under section 30(2) of the **Oaths and Affirmations Act 2018** to witness the signing of a statutory declaration. |

*\*\*\* Note: The person making the declaration as well as the authorised witness must initial each page of the statutory declaration if the declaration is comprised of more than one page, which includes any exhibits to the declaration.*

This is a true copy of the statutory declaration made by me [*full name of person making the statutory declaration*]. This document was witnessed by audio-visual link in accordance with the COVID-19 Omnibus (Emergency Measures) (Electronic Signing and Witnessing) Regulations 2020.

**Signed:** *[insert signature]*

**Date:** *[insert date]*

*\*\*\* Note: The person making the declaration as well as the authorised witness must initial each page of the statutory declaration if the declaration is comprised of more than one page, which includes any exhibits to the declaration.*