**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.

|  |  |  |
| --- | --- | --- |
| *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. |
|  |  | *For an Applicant with a private sector business, subsidiary company, private trust, sole trader, social enterprise or Aboriginal business that had a payroll of less than $40 million in the last financial year* ***PLEASE MARK THE FOLLOWING BOX*:** |
|  | 1. This paragraph 5 applies to the Applicant and the Applicant organisation had a payroll of less than $40 million in the financial year immediately preceding the date of application. |
|  | This paragraph 5 does not apply to the Applicant. |
|  |  | *For an Applicant employing an Eligible Employee(s) who has (have) transitioned to a job which offers at least 10 additional hours per week in excess of the hours worked under previous employment arrangements and is (are) now employed on a fixed‑term or permanent basis* ***PLEASE MARK THE FOLLOWING BOX:*** |
|  | 1. This paragraph 6 applies to the Applicant and the following Eligible Employee(s): [*insert name(s)*]:   is (are) working at least 10 additional hours per week in excess of the hours worked under previous employment arrangements and is (are) now employed on a fixed-term or permanent basis. |
|  | This paragraph 6 does not apply to the Applicant. |

|  |  |  |
| --- | --- | --- |
|  |  | *For an Applicant employing Eligible Employee(s) who has (have) worked a paid trial arrangement with the Applicant and is (are) now employed with the Applicant on a fixed‑term or permanent basis* ***PLEASE MARK THE FOLLOWING BOX:*** |
|  |  | 1. This paragraph 7 applies to the Applicant and the following Eligible Employee(s): [insert name(s)]:   is (were) employed by the Applicant in a paid trial arrangement (defined as casual arrangements for three months or less) and is (are) now employed with the Applicant on a fixed term or permanent basis. |
|  |  | This paragraph 7 does not apply to the Applicant. |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **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, capacity and address]*  A person authorised under section 30(2) of the **Oaths and Affirmations Act 2018** to witness the signing of a statutory 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.*