**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 employee(s) in relation to whom the Applicant is seeking subsidy/ies under the Jobs Victoria Fund (**Eligible Employee(s)**) do not displace existing employees of the Applicant. 3. The Applicant employs *[insert number]* of full-time equivalent (FTE) employees excluding the Eligible Employee(s). 4. 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). 5. The Eligible Employee(s) are entitled to work for the Applicant as: 6. Australian citizens; 7. holders of Australian permanent residence visas with work entitlements; 8. holders of Australian temporary work visas; 9. holders of student visas who are enrolled in an eligible course of study in Australia; or 10. holders of Australian refugee and humanitarian visas with work entitlements. 11. The Eligible Employee(s) 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. 12. ***[\*\*For Applicants that employ 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. Otherwise, please delete this paragraph\*\*]*** The following Eligible Employee(s): [*insert name(s)*]:     1. were employed by the Applicant as casual employee(s) and worked no more than 16 hours per fortnight; and     2. 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. |
| *Set out matter declared to in numbered paragraphs. Add numbers as necessary.* |

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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* |  | | |
| *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:**  on *[insert date]*  ***\*\*Delete if making statutory declaration in person\*\**** 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. | | |

***\*\*Delete if making statutory declaration in person\*\**** 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:**

**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.*