



Administrative Decisions Tribunal
New South Wales

APPLICATION FOR DECLARATION - PROHIBITED PERSON

Commission for Children and Young People Act 1998

COMMUNITY SERVICES DIVISION

File number *(for office use only)*

PARTIES

Applicant _____

Respondent NSW Commission for Children and Young People (CCYP)

APPLICATION TO CCYP

Have you made an application to the CCYP?

Yes Attach a copy of the decision

No

REASONS FOR ASKING FOR DECLARATION

INFORMATION REQUIRED BY THE TRIBUNAL

Offence(s) relating to the application:

Date offence(s) committed:

Where and when was the conviction(s) recorded:

Age at time offence(s) committed:

Age of victim(s):

Details of any other Convictions:

PARTY DETAILS

APPLICANT

Name

Address

Phone

Fax

APPLICANT'S LEGAL REPRESENTATIVE

Name

Address

Phone

Fax

File reference

SIGNATURE

Your signature or the signature of your representative

Name

Date

REGISTRY DETAILS

Level 15, St James Centre, 111 Elizabeth St Sydney 2000

DX 1523 Sydney

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