

# ACCESS NURSING AGENCY – STATUTORY DECLARATION



I, \_\_\_\_\_, of \_\_\_\_\_ in the state of New South Wales, do solemnly declare and affirm that:

- The following is a record of all my working experience as a Registered Nurse / Enrolled Nurse / Assistant in Nursing
- I have attained competency in giving Intravenous Medications
- I am not able to give Intravenous Medications

NAME OF EMPLOYER	EMPLOYMENT HISTORY		SPECIALTY AREA/WARD	TITLE	FULL TIME (FT) PART TIME (PT) or CASUAL	HOURS WORKED PER WEEK (if part or full time); or TOTAL HOURS WORKED (if casual)
	FROM DD/MM/YYYY	TO DD/MM/YYYY				

**CURRENT YEAR OF SERVICE:** \_\_\_\_\_

I make this solemn declaration in accordance with the Oaths Act 1990, and subject to the punishment by law provided for the making of any willfully false statement in such declaration.

Sworn by: \_\_\_\_\_

Date: \_\_\_\_\_

I, \_\_\_\_\_, a JP for NSW (No. \_\_\_\_\_), certify:

- \* I saw the face of the declarant/deponent OR
- \* I did not see the face of the declarant/deponent because he/she was wearing a face covering, but I am satisfied that he/she had a special justification for not removing it, and
- \* I have known the person for at least 12 months OR
- \* I confirmed the person's identity with \_\_\_\_\_

Signature of JP: \_\_\_\_\_ Date: \_\_\_\_\_