Statutory Declaration Oaths Act 1900 (NSW)

[name of declarant] o solemnly and sincerely dec	lare and affirm the	nat this is a tr	[full address of	-	rk history
Name of Employer	Start Date	Term Date	Position Held	Hrs worked / week	Total hrs worked over period
e.g. # Area Health Service	1.2.99	12.5.00	Registered Nurse	38 hrs	
Details of unpaid leave with	nin service deta	ls provided	above		
Details of long service leav	e taken or paid				
And I make this solemn declar of the <i>Oaths Act 1900</i> . Declared at:[place				[date]	
n the presence of an authoris	ed witness, who			ature of declarant]	
,		, a			
[name of authorised witness]			[qualification of authorised witness]		
certify the following matters co * please cross out any text that o	loes not apply]				
 *I saw the face of the person covering, but I am satisfied the 					
2. *I have known the person for					
dentification document and th	e document I rel	ied on was	[describe identification do		
[signature of authorised witness]					