



## STATUTORY DECLARATION

I ..... OF .....

(Print Name)

(Address)

IN THE STATE OF NEW SOUTH WALES, DO SOLEMNLY AND SINCERELY  
 DECLARE THAT: The is a record of all my experience/service

NAME OF EMPLOYER or HOSPITAL	Employment Commenced	Employment Ceased	Classification (RN/EN/AIN)	FT/PT Casual	No. of Hours Worked

I HAVE NOT RECEIVED ANY LONGER SERVICE OR PAYMENT IN LIU THEREOF.

My Married Name/Maiden Name (if applicable) is.....

I make the solemn Declaration conscientiously believing the same to be true and by virtue of the provisions of the Oaths Act 1911-1922.

Signature .....

SUBSCRIBED AND DECLARED AT .....

THIS .....DAY OF .....TWO THOUSAND AND.....

BEFORE ME .....JUSTICE OF THE PEACE, NEW SOUTH WALES