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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | To be completed by former employee. Minimum 10 years service required | | | | | | | | | | | | | | | | | | | | |
| **STATUTORY DECLARATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  |
| I, *(Full Name)*: | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | *(Insert the full name of the FORMER police employee making the declaration)* | | | | | | | | | | | | | | | | | | | | | | | | |  |
| of *(Full address)*: | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Postcode: | | |  | | | Telephone: | | |  | | | | Mobile: | | | | | |  | | | | |  | | | |  |
| Email: | | |  | | | | | | | | | | | | | | | | D.O.B. | | | | |  | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Details of Service** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do solemnly and sincerely declare that I served with the Victoria Police and that my service details are as follows:  *(only complete where applicable)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sworn  Unsworn | | | | | | Registered No.: | | | | | |  | | | | Employee No.: | | | | | | | |  | | | |  |
| Date Commenced: | | | | | |  | | | | | | Date of Discharge: | | | | | | |  | | | | |  | | | |  |
| Reason for Discharge: | | | | | | Retirement | | | | | Resignation | | | | | | ILL Health | | | | | Other | | | | | |  |
| If Other, specify: | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  |
| 1. | | A certified copy of my Certificate of Discharge/Service is attached: | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | |  |
|  | | If No, reason why: | | | |  | | | | | | | | | | | | | | | | | | | | | |  |
| 2. | | Do you confirm that your service was diligent and ethical: | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | |  |
|  | | If No, state reasons: | | | |  | | | | | | | | | | | | | | | | | | | | | |  |
| 3. | | Do you know of any other reason as to why you should not receive this medal: | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | |  |
|  | | If Yes, state reasons: | | | |  | | | | | | | | | | | | | | | | | | | | | |  |
|  | |  | | | |  | | | | | | | | | | | | | | | | | | | | | |  |
| **Declaration** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I acknowledge that this declaration is true and correct and I make it in the belief that a person making a false declaration is liable to the penalties of perjury. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature of person making declaration: | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  |
| Declared at | | |  | | | | | | | | | in the State/Territory of | | | | | | | |  | | | | | | | |  |
| this | | |  | | | | | | | | | day of | | |  | | | | | | | | | | 20 |  | |  |
| Before me, | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | Signature: | | |  | | | | | | | | | | | | | | | | | Date: | |  | | | |  |  |
|  | Print Name: | | |  | | | | | | | | | | | | | | | | |  | |  | | | |  |  |
|  | Address: | | |  | | | | | | | | | | | | | | | | |  | |  | | | |  |  |
|  | Status: | | |  | Justice of the Peace or Bail Justice | | | | | | | | |  | | | | Member of the Police Force | | | | | | | | |  |  |
|  |  | | |  | Person authorised under Section 107A(1) of the Evidence Act 1958 to witness the signing of a Statutory Declaration | | | | | | | | | | | | | | | | | | | | | |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **RETURN FORM TO:** | | | | | | |  | | | Or email: [honoursawards@police.vic.gov.au](mailto:honoursawards@police.vic.gov.au) | | | | | | | | | | | | | | | | | | |
| VPSM Application  HONOURS & AWARDS  VICTORIA POLICE  PO BOX 913  MELBOURNE VIC 3001 | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | |
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