**COVID-19 Vaccination Declaration**

As the meeting organiser for the booking of WACOSS facilities, I understand that it is my responsibility to ensure that all in-person attendees are fully vaccinated or are exempt as per the [Community Care Services Worker (Restriction on Access) Directions](https://www.wa.gov.au/sites/default/files/2021-11/Community_Care_Services_Worker_Restrictions_on_Access_Directions.pdf).

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, declare that all attendees present in-person at the meeting on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, at the WA Council of Social Service – Level 2, 3 Loftus Street, West Leederville, are fully vaccinated or are exempt from vaccination as per the WACOSS Vaccination Policy.

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

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Organisation**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_