



ACCIDENT COMPENSATION COMMISSION, FIJI

Lot 1 Daniva Road, P.O Box 6264, Valelevu, Nasinu, Ph: 8923770, Email: info@accf.com.fj www.accf.com.fj

Declaration and Authorisation

I _____ of _____

(Full name: first or given names and family or surname) (Full residential address)

Being an applicant for the position of _____

In the Accident Compensation Commission Fiji declare that:

- I have not been convicted of any criminal offences (*for these purposes do not count any infringement offences, e.g. parking or speeding offences, as they do not result in a conviction being entered against you*).

I acknowledge that if appointed, I will have to provide a recent police clearance before taking up duty.

- I have not been the subject of any disciplinary action by any employer or professional body in Fiji or overseas, nor are there any unresolved complaints against me or criminal charges pending.

OR

Details of disciplinary action or unresolved complaints/criminal charges pending against me are as follows

- I have not been made bankrupt, entered into a composition with my creditors, or been disqualified as a director.
- I know of no other matter which might affect my credibility in office.
- There are no medical reasons that will impact my ability to carry out the responsibilities of my role.
- I understand and consent to my application form, my curriculum vitae and any other material supplied being held by the ACCF.
- I authorise the ACCF to make suitable enquires to verify the information supplied in my application.
- I understand that a false declaration on this form will invalidate my application or result in termination of my employment without notice.

Signature of Applicant: _____ Date: _____