Working Holiday Makers/Employer  
Declaration Form

The Western Australian Government expects Working Holiday Maker (WHM) employees and employers to sign a declaration acknowledging **that all necessary protocols are being implemented to** reduce the risk of impacts of COVID-19, including adhering to social distancing requirements whilst at the workplace, travelling to and from work, and at home.

# COVID-19 PANDEMIC

DECLARATION BY AN EMPLOYEE WHO IS A FOREIGN NATIONAL WITH A VALID WORKING HOLIDAY MAKER VISA

By signing below, I (the Employee) ………....………………………………, declare that:

* I have read, understood and am comfortable with my workplace COVID-19 Health Management Plan;
* I understand that Work Health and Safety is the responsibility of both the employer and employee;
* I understand what is expected of myself and my employer should a positive case of COVID-19 occur;
* I declare that to the best of my knowledge; I will comply with social distancing requirements[[1]](#footnote-1) and practices[[2]](#footnote-2) at work, while commuting to and from work, and at home to reduce the risk of COVID-19 impacts at work;
* I feel comfortable that arrangements made by myself and my employer are to the best of my knowledge in line with health and safety recommendations and I will seek clarity if required.

**Employee:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** ...... /….. / 2020

**Employer:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** ...... /….. / 2020

*For situations where the employment is through a contracting entity, both the contracting entity and the employer shall complete the above*.

## EMPLOYEE DETAILS

**Date of arrival in Australia:** ...... /….. / .....

**Visa number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Valid to:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address of accommodation the WHM employee during the employment period:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permanent address of the WHM employee (in home country):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **DISTRIBUTION**

A COPY SHALL BE PROVIDED TO BOTH THE EMPLOYER AND THE EMPLOYEE. THE EMPLOYER SHALL RETAIN THE ORIGINAL AND PRODUCE THE DECLARATION IF REQUESTED TO DO SO BY A STATE GOVERNMENT AUTHORITY.

1. As detailed in State Government State of Emergency Declarations as amended from time to time (<https://www.wa.gov.au/government/document-collections/covid-19-coronavirus-state-of-emergency-declarations>). [↑](#footnote-ref-1)
2. As detailed in your workplace COVID-19 Health Management Plan. [↑](#footnote-ref-2)