

I of					IN THE STATE OF NEW SOUTH WALES		
(Print Name)		(Address)					
DO SOLEMNLY AND SINCERELY DE A. I am not in possession of my B. The following is a record of a	Statements of Service/ Service/	rice Record Book;					
Name Of Employer Or Hospital	Employment Commenced (dd/mm/yy)	Employment Ceased (dd/mm/yy)	Classification (i.e. R.N., E.N., Social Worker, Scientist)	FT PT CASUAL	Hours Worked (FT & PT = hours/week) Casual = hours in total)	Unpaid Leave Taken	
					2		
I have received any Long Service I I have not received any Long Servi	ce Leave / any Payment in	lieu thereof.					
My Married Name/ Maiden Name (if ap	plicable) is						
make this solemn Declaration conscie	ntiously believing the same	to be true and by virtue	of the provisions of the Oaths Ac	t 1911 – 1922.			
Signature:							
SUBSCRIBED AND DECLARED AT			THIS DAY	OF	20		
BEFORE ME			JUSTICE OF THE PEACE, NEW SOUTH WALES				