

Name	
By completing the Northern Region School Sport Regional Officials' self-paced induction program for 2025, I declare that:	
I am aware of	my requirements around Transfer of Duty and Official's Consent documents.
I am aware of the risk management processes for the Queensland Representative School Spor program and know which risk assessment documents must be completed by the appropriate time-frames.	
I am aware of to submit a tra	Northern Region School Sports team training expectations and the requirement ining program for approval.
l have read an Officials.	d understand the Northern Region School Sport Code of Conduct for Team
	d understand the Northern Region School Sport Student Protection guidelines dge my responsibility to report any suspicions of student harm.
I have complet	ted the Sports Australia's Concussion Management Online training module.
l have complet applicable).	ted the AFL / Rugby League / Rugby Union concussion management training (if
l acknowledge including injury	my obligations to follow Department of Education policies and procedures and incident reports.
I know where t responsibilities	to go for further support or information regarding my appointed role and s.
Signed:	Date:

Forward this signed declaration certificate to the NRSS sport office when completed. <u>admin.northernsport@qed.qld.gov.au</u>

