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| --- | --- |
| This form is to be completed by the Clearance Holder  | To: **JACS Security and Emergency Management Division**Email: securityclearances@act.gov.au  |

**Declaration of Secrecy – Cessation of Duties**

Section 1 – Personal Details

|  |  |  |  |
| --- | --- | --- | --- |
| Family name\*  |   | Title |       |
| Given names\*  |       |
| Gender\* | [ ]  Male | [ ]  Female | AGS Number (if applicable) |       |
|  | Town/City | State |  Country\* |
| Date of birth\* |       |  |       |       |       |
| Work Phone# |       | Home Phone |       |
| Mobile Phone |       |  |
| Work E-mail#  |       | Home E-mail# |       |

Section 2 – Declaration

I hereby acknowledge and declare that I have been made aware of the laws of the Commonwealth relating official secrecy, and that I understand the consequences which may follow a breach by me of those laws. I understand that:

1. The laws under the *Crimes Act 1914, Criminal Code* and other relevant legislation, may continue to apply after my employment or association with the ACT Government and the Commonwealth has ceased whether permanently or otherwise; and
2. Information I have acquired or I have accessed because of my employment or association with the ACT Government and the Commonwealth is information which is covered by that legislation and is not to be published or communicated in any form.

I hereby certify that every sketch, plan, photograph, model, note, document or article which I have no right to retain, or which it is contrary to my legal obligations to retain, has been returned to my supervisor or a staff member of the JACS Security and Emergency Management Division authorised to receive the same.

Signature

|  |  |  |  |
| --- | --- | --- | --- |
| Date\* |       | Signature\* |  |

Section 3 – Witnessed

|  |  |  |  |
| --- | --- | --- | --- |
| Family name\* |       | Title |       |
| Given names\* |       |

Address

|  |  |
| --- | --- |
| Street\* |       |
| Town/City\* |       | State\* |       |
| Country\* |       | Postcode\* |       |

Signature

|  |  |  |  |
| --- | --- | --- | --- |
| Date\*  |       | Signature\* |  |

Note: Signatures are mandatory. Form can be submitted via post, fax or scanned copy via email

\* Denotes mandatory information

# If a person will not be retaining a work number/email, personal contact details must be provided.