

Official Secrets

Personal-Privacy OFFICIAL: Sensitive

For use by Commonwealth employees, contractors, consultants

Declaration

I (Name)	Date of Birth
Of (city/town)	In the State/Territory of
the course of my duties is the pany such information to another	rmation, including sensitive and classified information, acquired by me in property of the Australian Government. I will not publish or communicate person in any form either during or after my service in or association with ess that disclosure is for official purposes.
	on created, sent and received as part of the work of the Australian Government. or opinion expressed as part of work for the Australian Government is official
I acknowledge that I must complegislation relating to official secret	ly with my obligations under the following legislation, and any other relevancy:
 Section 13 of the Public S Regulation 7 of the Public Part 6 of the Australian B 	Code Act 1995 (Commonwealth) Service Act 1999 (Commonwealth) – APS employees only C Service Regulations 2023 (Commonwealth) – APS employees only Forder Force Act 2015 (Commonwealth) Act 1903 (Commonwealth) Commission Act 2022
and may render me liable to crimin	ch of laws regarding the safeguarding of official information may be an offence, nal prosecution. I also understand that these obligations continue to apply to megement with the Australian Government including the end of a contractual or
perform work for, or on behalf of, a	with Part IXAA in the <i>Defence Act 1903</i> (Commonwealth), it is an offence to a military organisation or government body of a relevant foreign country without of granted, I risk committing an offence under the <i>Defence Act 1903</i>
	uty to report any contact from former colleagues who show a suspicious, y work with the Department of Home Affairs or that of the Australian
employment with or on behalf of th	mation/matters that will be/have been acquired by me in the course of my ne Australian Government will be or has been returned to an official overnment authorised to receive the information/matters prior to the cessation
Dated this DayMonth	Year, Signature
Witness	
Signature of Witness:	
Name of Witness:	

Address of Witness: