

Request for exemption from Continuing Professional Development (CPD)

This form is to request an exemption from the approved Continuing Professional Development (CPD) registration standard requirements. The Disability Worker Registration Board of Victoria (Board) may grant a full or partial exemption from CPD in exceptional circumstances.

Before completing this form, read the [VDWC CPD Registration Standard <vdwc.vic.gov.au/registration-standards/CPD>](http://vdwc.vic.gov.au/registration-standards/CPD) and the CPD Exemptions from Continuing Professional Development for Registered Disability Workers Policy.

Completing this form

- Read and complete all questions
- Type or print clearly in required space
- Place an X in all applicable boxes
- Do not send original documents
- Return all pages of this form and any supporting documents by [emailing the Registration team <registration@vdwc.vic.gov.au>](mailto:registration@vdwc.vic.gov.au).

SECTION A: Personal details

What are your personal details?

Name

Family name:

Given name:

Middle name(s):

Contact details

Phone number:

Email:

SECTION B: Registration number

What is your registration number? (e.g. DSWG20241234 or DPG20255678)

SECTION C: Request for exemption details

The Board may grant full or partial exemption from completing your CPD in exceptional circumstances depending on their duration and impact. **Exceptional circumstances** are circumstances that prevented you from undertaking your CPD and were unforeseen or out of the ordinary such that you could not have been expected to manage their impact.

What is the nature of your exceptional circumstances?

Examples are:

- ☐ Significant illness or injury
 - ☐ Prolonged caring responsibilities or carers' leave
 - ☐ Bereavement of an immediate family or household member
 - ☐ Other [please specify]
-

When did your exceptional circumstances apply?

Start date: [DD/MM/YYYY]

End date: [DD/MM/YYYY]; or

☐ The exceptional circumstances still apply
[select if the exceptional circumstances still apply]

What are the details of your exceptional circumstances and how do they prevent you from completing your CPD during the registration year?

Please provide supporting documents to assist the Board in assessing your request for an exemption from CPD, such as:

- Medical certificate or report
 - Letter from your employer
 - Other supporting document/s relevant to the circumstances in your request
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Attach a separate page if your details do not fit in the space provided.

Is there any other information you believe the Board should consider?
If so, provide details:

SECTION D: Declaration

I declare that I am the registered disability worker named in this document and the information in this form is true and correct.

Name of registered disability worker:

Signature of registered disability worker:

Date:

SECTION E: Collection Notice

The Victorian Disability Worker Commission (Commission) and the Disability Worker Registration Board of Victoria (Board) are committed to protecting your privacy in accordance with our [VDWC Privacy Policy](http://www.vdwc.vic.gov.au/privacy) <www.vdwc.vic.gov.au/privacy>, the *Privacy and Data Protection Act 2014* and the *Health Records Act 2001*.

We collect personal, sensitive and health information to assess your request for exemption from the CPD registration standard requirements due to exceptional circumstances.

What information we collect and what we will do with it

We will collect:

1. Personal information, for example your name and phone number or email address
2. Sensitive and health information about the exceptional circumstances that prevented you from completing your CPD, for example personal circumstances, illness, injury or health condition.

If you don't give us this information, we may not be able to consider your request fully.

The information collected is recorded in a secure and confidential database. Information is accessed on a need-to-know basis by authorised employees only.

You can contact us at any time to request access to the information, or to ask us to correct an error.

What we will do:

- use the information you provide for purposes in line with our functions under the *Disability Service Safeguards Act 2018*, such as deciding your application for exemption, assessing and deciding eligibility for registration renewal, suitability for registration and regulation functions
- hold the information you provide securely within the Commission's systems and only use it for the purposes outlined in this collection notice
- take reasonable steps to permanently destroy information once we no longer need it.

We'll share this information with:

- the Board, the Commission and the Victorian Disability Worker Commissioner to process your application for CPD exemption, assess eligibility for registration renewal and monitor compliance with the *Disability Service Safeguards Act 2018*
- law enforcement when permitted or required by law
- another person or agency when permitted or required by law.

For information on how the Commission and Board handles the personal information we collect in carrying out our functions and activities, please refer to our [Privacy Policy](http://www.vdwc.vic.gov.au/privacy) <www.vdwc.vic.gov.au/privacy>. For any other questions, contact our Privacy Officer at privacy@vdwc.vic.gov.au.

By submitting your Request for exemption from CPD, you acknowledge that you have read and understood this collection notice.

Please email your completed form and any supporting documents to registration@vdwc.vic.gov.au

For more information

To receive this form in an accessible format phone 1800 497 132, using the National Relay Service 13 36 77 if required, or [email the Victorian Disability Worker Commission](mailto:registration@vdwc.vic.gov.au) <registration@vdwc.vic.gov.au>.

Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

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Available at the [Victorian Disability Worker Commission's website](http://www.vdwc.vic.gov.au) <[vdwc.vic.gov.au](http://www.vdwc.vic.gov.au)>.