

# Disability worker registration: Statement of Service template for applicants

Victorian Disability Worker Commission  
570 Bourke Street  
Melbourne VIC 3000

## Statement of Service

To whom it may concern

This confirms that \_\_\_\_\_ is / was employed by

as a \_\_\_\_\_.

has worked approximately \_\_\_\_\_ hours

from \_\_\_\_\_ to \_\_\_\_\_.

Some of \_\_\_\_\_ duties and responsibilities include:

- 1.
- 2.
- 3.

Please contact me on \_\_\_\_\_ if you have any questions.

Kind regards

For information on how the Victorian Disability Worker Commission handles personal information please refer to the [Privacy Policy](#).