

## DHHS Code of Conduct for Disability Workers

### Declaration for Workers

I, (insert full name) \_\_\_\_\_

have been informed of, read and understand the obligations in the [DHHS Code of conduct for disability service workers](#) and agree to abide by the code of conduct.

SJGA Employee:	
Signature of employee:	
E number:	E
Date:	
Employer:	
Signature of employer SJGA:	
Date:	