

Instructions for completing an affidavit *When making the oath or affirmation for the affidavit the deponent must say aloud:*

Affirmation: I, (insert full name), solemnly and sincerely affirm that the contents of this affidavit are true and correct.

Affidavit

Insert the name, Place (City, town or suburb) I, (insert your full name) (insert address) Postcode, terminated (or threatened to be terminated) employee of (insert employer name) am the person making this affidavit.

I ~~*make oath~~ / *affirm (cross out the inapplicable), and say:

I (insert your full name) submit his affidavit to any and all tribunals or courts in any Breach of Employment Contract or EBA and/or Unlawful Directive cases generally:

I (insert your full name) attach a certified true copy of my appointment (made under threat of sacking) for a Covid Injection at (insert Injecting Practitioner's details) where upon my attendance and giving 'Informed Consent' acknowledging the serious risks of this covid injection, I then notified the Injecting Practitioner that I was attending for the Injection under a Draconian threat of sacking by my employer if I was not injected.

I also advised the Injecting Practitioner that the Federal Health Department Immunisation Guidelines Criterion 2, 'PROHIBITS' any injecting by any Injecting Practitioner, of any persons attending for Injections under any Undue Pressure, Coercion or Manipulation to be injected; and that the sacking threat made against me for non-injection constitutes Undue Pressure, Coercion or Manipulation to be Injected or be sacked. Upon hearing this advice, the Injecting Practitioner as a consequence, refused to inject me due to the sacking threat I advised of.

Signature of person making the affidavit

.....

Date

.....

The contents of this affidavit are true and correct, and I make it knowing that a person making a false affidavit may be prosecuted for the offence of perjury.

Signature of authorised affidavit taker

⁴*Sworn/*Affirmed at

*in the State of Western Australia

Before me,

Name, capacity in which authorised person has authority, and address (writing, typing or stamp)

On Date

A person authorised under the Federal **EVIDENCE ACT 1995 - SCHEDULE Oaths and Affirmations** to take an affidavit.