



Uniting Church in Australia
SYNOD OF VICTORIA AND TASMANIA

Application Form and Declaration

Keeping
Children
Safe



1. APPLICANT DETAILS

Applicant's full name: _____

Preferred name: _____

Date of birth: _____ Gender: Male Female

Phone number: _____ Email: _____

Address: _____

Preferred method of contact: Mobile Email

Other (provide details)

2. PERSONAL ABILITIES AND QUALIFICATIONS

Gifts and abilities: List the gifts and abilities you would bring to your volunteer work.

Relevant previous experience, qualifications and training:

Work history: Provide details of the last place where you did relevant paid or voluntary work.

Motivation and calling: Describe why you want to undertake this voluntary work and comment on your church and/or community involvement

Medical conditions: Provide relevant information about any medical condition or limitation that may affect your full participation as a volunteer or that we should be aware of:

WWCC / R details

Name as it appears on your Working With Children Check/Registration:

Card number: _____ Expiry date (DD/MM/YY): _____ / _____ / _____ Type: (V or E) _____

Note: You will be required to add this congregation/ community service to your list of organisation on your WWCC/R.

If you are applying for a new WWCC/R (using the external website appropriate to your state), you will not be permitted to commence voluntary work with children until after your positive notice is received by the Church Council. Be sure to include this congregation and the UCA Synod of Vic/Tas on your WWCC/R application.

Referees

Name of referee 1: _____

Phone number: _____

Organisation: _____

Position held: _____

Address: _____

Name of referee 2: _____

Phone number: _____

Organisation: _____

Position held: _____

Address: _____

Applicant's declaration

Please answer every question.

YES	NO	Prefer not to answer	
			Have you ever been accused of abusing or neglecting a child
			Have you ever been charged for abusing or neglecting a child? (Charges: any allegations made and known to you or any allegation made to a court, disciplinary body, employer, supervisory body or church in Australia or in any other country)
			Do you confirm that the information provided in this document is true and correct?
			Do you consent to the referees listed above being contacted in relation to this application?
			Do you consent to the Church Council using and disclosing your personal information in accordance with the Privacy Policy
			Do you understand that you can withdraw from this application process at any time without giving reason?
			I agree to abide by the UCA policies and procedures

Applicant's signature: _____

Name: _____

Date: / /

Parent or guardian's signature (if applicant is under 18 in Victoria NSW, 16 in TAS): _____

Name: _____

Date: / /

OFFICE USE ONLY

Determination, recommendation, comments and conditions:

Signature of person conducting screening:

Name:

Date: / /

Reference to minute of Church Council meeting:

Date: / /

Date applicant was notified of outcome: / /

Document Review History

Version Number	Date	Reason	Developed By	Approved
SSL2V1	01.06.2017	Created to support Keeping Children Safe Policy, Overseeing Child Safe Standards and Selecting Leaders and helpers processes	<ul style="list-style-type: none">• Child Safe Standards Executive Officer• Culture of Safety Unit	Associate General Secretary
Due	01.06.2018	Review cycle – every year		