



Uniting Church in Australia  
SYNOD OF VICTORIA AND TASMANIA

# Application Form and Declaration

Keeping  
Children  
Safe



LAST UPDATED 16 JANUARY 2018

## 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 under SC17.17.4D
SSL2v1	07.2016	Part of Keeping Children Safe process (SC17.17.4D)	Culture of Safety Unit	Associate General Secretary
SSLv2	01.2018	Update	Culture of Safety Unit	Associate General Secretary
Next Review	06.2018			