

WESTERN PLAINS CHRISTIAN CONVENTION INC.

CONFIDENTIAL:

CHILD CARER APPLICATION – Applicant under 18

APPLICANT’S DETAILS AND STATEMENT

Full Name _____

Date of Birth _____ WWCC No. _____

Address _____

Telephone (day time) _____

Email _____

This form is to be completed by all applicants involved in the supervision or custody of minors. It is being used to help the Western Plains Christian Convention provide a safe and secure environment for the children who participate in our programs and/or use our facilities. Original copies need to be sent to the Western Plains Christian Convention, PO Box 2089, Dubbo NSW 2830.

Liquid paper, cross outs, generic copies with referee signatures are not acceptable

QUESTIONNAIRE:

Do you have you any physical handicap/s or condition/s preventing you from performing any types of activities relating to child care? YES/NO (circle your response) and, if YES, please explain.

I agree to provide a police/criminal check if required (circle your response for each) YES / NO

Have you ever been subject of any of the following (circle your response for each);

- 1) Criminal charge YES / NO
- 2) Criminal Conviction (or finding of guilt) YES / NO
- 3) Refusal, suspension or withdrawal of permission to work with children or youth (paid or voluntary) YES / NO
- 4) Apprehended violence order or similar order; YES / NO
- 5) Removal of child or young person from your care by child protection authorities; YES / NO
- 6) Investigation because of child abuse allegations. YES / NO

If the answer to any of the above six questions is YES, please provide an explanation below.

CHURCH INVOLVEMENT:

Name of church of which you are presently a member or attending _____

Churches you have attended regularly over the past five years. _____

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APPLICANT'S STATEMENT:

I declare that I am not a prohibited person under the *Commission for Children and Young People Act 1998*.

To the best of my knowledge, the information contained in this application is correct. I authorise any referees or churches listed in this application to give any information they may have regarding my character and fitness for child care. I release all such referees from any liability for any damage that may result from furnishing such evaluations to you.

Should my application be accepted, I agree to comply with the law and to refrain from unscriptural conduct in the performance of my services on behalf of the Western Plains Christian Convention. I have read and agree to abide by the Convention's **Child Protection Policy**

Signature: _____

Witness: _____

Name _____

Name _____

Date: ____ / ____ / ____

Date: ____ / ____ / ____

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CHILD CARER APPLICATION (Full Name) _____**PERSONAL REFERENCES****REFEREE 1**

(Your first referee MUST be a Pastor/Minister/Elder/Warden of your current church and must not be a relative.)

Name of Referee: _____

Church: _____

Position held: _____

Address: _____

Postcode _____

Phone: Home () _____ Mobile: _____

REFEREE 2

(Your second referee should be a ministry leader in your church, but must not be a relative.)

Name of Referee: _____

Church: _____

Position held: _____

Address: _____

Postcode _____

Phone: Home () _____ Mobile: _____

At least one of your referees will be checked by a Western Plains Christian Convention representative by 'phone. Referees must be contactable prior to the Convention.

OFFICE USE ONLY			
Referee Contacted	Referee's Name	Suitability – Yes/No	Signed

