



## PCV Initial Registration with the SCU Form - Confidential

Church / Organisation name:				
Children's Ministry role/s being applied for:				
This form is to be completed by the applicant and the identity check sour of the congregation/organisation (this may be the Safe Church Reforwarded to the Safe Church Unit, along with the other necessary form person to the church or someone who has not worked in a children's work with children under 18 in any capacity in the Presbyterian Church roles.  Personal and sensitive information provided by you and collected by the will be used in conformity with our Privacy Policy (which can be www.safechurchpcv.org.au or mailed to you on request). This information purpose of the screening and approval of volunteers wishing to work Presbyterian Church of Victoria.	presentations (see be ministry of Victorion Presbyte found at tion is co	tive). A elow), v Post a – inc. erian Ci www llectea	A copy in whenever 2014, application of the control of the correct	must beer a <b>new</b> oplies to oluntary Victoria ou and primary
Rev /Pastor /Mr / Mrs /Miss /Ms / Other (Circle)	Male		Fem	ale 🔲
First Name Middle Name(s)  Date of birth:/	Surnar	me		
Are you currently known or have you previously been known by any other name(s): ie: an alias or maiden name?  If YES, please list other names below:  Current Residential Address:	YES		NO	
Contact Details:				
Phone: Mobile:				_
2. Are you a current serving Police Officer?	YES		NO	
3. Do you have a current Working With Children Card (WWCC) or Victorian Institute for Teaching (VIT) Registration	YES		NO	
4. If you are registered with Victorian Institute for Teaching (VIT) have you notified Working With Children Check Victoria?	YES		NO	
If you answered YES to (3), please provide:WWCC / VIT Number		Expi	ry Date	





## **Proof of identification:**

This section is based on the '100 point proof of identity' approach undertaken in Australia. **There is** no need for identity details to be recorded (for example; a passport number or account number) – only for these to have been sighted by the Safe Church Representative or a nominated person of the congregation /organisation.

Primary identity source:				
This can take the form of any <b>one (1)</b> of the following – driver's license This source must be sighted by the Safe Church Representative or nom below.			-	
1				
Secondary identity source:				
This can take the form of any <b>two (2)</b> of the following (all cards must be Children Check card, Student card, Centrelink Healthcare or Pensioner Veteran's Affairs card, bank statements, credit/debit card, Medicare of Notice, Rental/Lease agreement notice, utilities bill showing applicant declaration. This source must be sighted by the Safe Church Represent noted below.	's card, ard, Sei 's name	Departr niors car e and ad	ment of rd, Cound Idress, to	cil Rates ıx
1				
2				
Questionnaire:				
A. Have you ever been convicted of child abuse or neglect?	YES		NO	
3. Have any allegations or complaints involving misconduct with children ever been made against you?	YES		NO	
If you have answered 'Yes' to any of the above questions, please proinsufficient space, please attach separate page)	vide de	tails be	low: (If	
C. Is there anything in your past that would call into question your suitability to be trusted with the care of children under 18 years?	YES		NO	
If you have answered 'Yes' to the above questions, please provide do	etails b	elow:		
<ul><li>If you have any previous experience and/or qualifications in regaplease list below:</li></ul>	rds to v	working	with chi	ildren,





E. What is your reason or motivation for becoming engaged in Children's Ministry in the Church?
F. What behaviours do you believe are required for people working with children in the Church? (For example: <i>ensuring the safety of children</i> )
The above questions ensure compliance with the Victorian Child Safe Standards and insurance requirements.
Name of Previous Church (if applicable):
<b>Referees:</b> (Not related to you or the other referee)
PLEASE NOTE: Your nominated referees should be people who have known the person for a
significant amount of time (years rather than months) and who are <b>NOT</b> relatives.
Contact details of Referees:
Name of 1 <sup>st</sup> Referee:
Phone Number: or email address:
Name of 2 <sup>nd</sup> Referee:
Phone Number: or email address:
or email dathess.
Declaration:
I declare that I have read and understood the questions in this application form. I have answered the questions truthfully and completely to the best of my knowledge. Should it be found that any answer that I have given in this application is untrue, I understand that this may be grounds for my application and/or my approval to work with children under the age of 18 years in the Presbyterian Church of Victoria to cease and/or to be withdrawn.
I agree that the Church may contact the referees provided by me to establish my suitability to work with children under the age of 18 years in the Presbyterian Church of Victoria.
Applicant's Signature Date





Date

## Safe Church Representative to Action Has the Primary and Secondary identification been sighted against the YES NO information provided by the applicant on Page 2? Name and signature of person who sighted the identity sources, if not the Safe Church Representative. Print name Role Signature Date Safe Church Representative (Please print name)

## **General information for Safe Church Representative**

Once the VAP documentation is completed, please forward the following forms to the Safe Church Unit ( <a href="mailto:scu.compliance@pcv.org.au">scu.compliance@pcv.org.au</a> or addressed to Safe Church Unit 268 Canterbury Road, Heathmont 3135):

- 1. Initial Registration with the SCU form
- 2. Signed copy of the Role Description form
- 3. Confidential Record of reference checks form
- 4. Evidence of holding a current Victorian Institute of Teaching Card and/or Victorian Working With Children Check (WWCC) ideally a copy of the Working With Children Check notification letter to the Church from Working With Children Check Victoria.

Remember to keep a copy of this form (along with all other completed VAP documentation) securely to ensure privacy for the applicant. Secure storage entails keeping the VAP documentation in a locked facility that can only be accessed by the Safe Church Representative and one other nominated person (for example, the Session Clerk).

The SCU completes the screening procedure and will notify once the applicant is approved or not approved.

A person can only commence in a role working with children under 18 in the PCV once the SCU has notified the congregation/organisation of the approval.

Signature