



**CATHOLIC DIOCESE
OF
ARMIDALE**

CCD Office -
Armidale

TO BE COMPLETED EVERY 5 YEARS

Original: To be held in Parish

Copies: 1 copy to be held by SRE Teacher/Assistant

1 copy forwarded to Diocesan CCD Office



2015 Version

**PARISH SPECIAL RELIGIOUS EDUCATION (SRE) VOLUNTEER
ENGAGEMENT & AUTHORISATION FORM**

NAME OF SRE TEACHER/ASSISTANT _____
TITLE FIRST NAME LAST NAME

RESPONSIBLE TO *AUTHORISING PERSON _____

PARISH OR DEANERY OR DIOCESE BY NAME AND SUBURB _____

SCHOOL(S) YOU WILL BE ATTENDING _____

CONTACT DETAILS

Address _____
Postcode _____

Email _____

Phone _____ Mobile _____

I would like to receive newsletters/correspondence by (tick) Post Email
(See over, Privacy statement)

GENERAL CONDITIONS

I agree to carry out my tasks as an SRE volunteer (Teacher/Assistant) in accordance with the principles and values of the Catholic Church, Diocese of Armidale. I undertake to exercise due care for the safety and behaviour of students when teaching or supervising them. I acknowledge that the teaching given to the students in the SRE classroom shall at all times be of the highest quality possible.

No remuneration is to be paid to me as a volunteer SRE Teacher. Out of pocket expenses may be reimbursed by prior arrangement with my *authorising person.

VOLUNTEER TASKS (as outlined on Authorisation Card)

- To deepen my union with Christ and the Church
- To cooperate with SRE authorities in both schools and church (Parish Priest, Parish delegate, Diocesan CCD Coordinator)
- To read/understand the SRE Code of Conduct (available at _____)
- To attend Child Protection training and updates as required
- To complete the training appropriate to this ministry within 12 months
- To undertake to teach SRE from the curriculum authorised or recommended by the Bishop
- To carry my authorisation card when attending SRE lessons and events at the school(s)
- To wear a name badge when attending SRE lessons and events at the school(s)
- To prepare lessons well and to attend classes regularly and punctually
- To maintain a record of all lessons presented

VOLUNTEER STATEMENT

- a. I acknowledge that the Catholic Church, Diocese of Armidale has special responsibilities to the students, their parents / carers and to the school authorities because of the opportunities given to the Catholic Church to instruct students in Special Religious Education.
- b. I agree to carry out those tasks in accordance with the general conditions set out above and any special conditions set out below.
- c. I wish to volunteer my services on the above basis to the Catholic Church, Diocese of Armidale, and I acknowledge I am responsible to the *authorising person of the parish who has responsibility for the school(s) in which I teach.
- d. I have read and understood the Diocesan SRE Code of Conduct.
- e. I understand that should I fail to meet my commitments as set out above I could be asked to withdraw from the ministry of SRE in government schools.
- f. If there are any changes in regard to the above, I will notify my Parish Priest, Diocesan SRE Coordinator
- h. My Working with Children Check Number is
- g. My date of birth is ____ / ____ / ____
- i. Expiry date for my Working with Children Check Number ____/____/____
- j. I attended/will attend Child Protection training on ____/____/____
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DECLARATION

I have never been convicted of any criminal offence which involves:

- An act of violence towards another person
- Sexual assault
- Any offence against a minor person
- Provision of prohibited drugs
- Child pornography

Signature of SRE Teacher/Assistant _____ Date ____/____/____

(Parish Priest) DECLARATION OF EMPLOYER / AUTHORISING PERSON

**Authorising Person is the leader of the church at the level you seek to serve or represent i.e. in the Parish it is the Parish Priest*

I have sighted photo identification for this person.
Licence type: _____ Licence Number: _____
Other form of identification: _____

I have sighted the Working With Children Clearance Letter and number for this person.

Name: _____ Position: _____

Signature of Authorising Person _____ Date ____/____/____

PRIVACY STATEMENT

The Diocese of Armidale acknowledges and respects the privacy of individuals. Any information provided on this form is to verify your WWCC number, record training/course attendance, enable us to provide you with details of the training courses and to inform you of future ministry activities. It will not be used for any other purposes. You will need to advise us if, at any time, you no longer want your details on our database

CCD Office use only

Verification Date: _____ Verified by: _____