



**Safe Church Initial Registration Form**  
- part of the Volunteer Approval Process (VAP)

**Church / Organisation name:** \_\_\_\_\_

**Children's Ministry role/s being applied for:** \_\_\_\_\_

*This form is to be completed by the applicant and the identity check sources sighted by a representative of the congregation/organisation (this may be the Safe Church Representative). A copy must be forwarded to the Safe Church Unit, along with the other necessary forms (see below), whenever a **new** person to the church or someone who has not worked in a children's ministry Post-2014, applies to work with children under 18 in any capacity in the Presbyterian Church of Victoria – including voluntary roles. This form can also apply to other forms of ministry (including elders, deacons, pastoral carers and ministry students). Personal and sensitive information provided by you and collected by the Presbyterian Church of Victoria will be used in conformity with our Privacy Policy (which can be found at [www.pcv.org.au](http://www.pcv.org.au) and [www.safechurchpcv.org.au](http://www.safechurchpcv.org.au) or mailed to you on request). This information is collected for the primary purpose of the screening and approval of volunteers wishing to work with children under 18 in the Presbyterian Church of Victoria.*

**Rev /Pastor /Mr / Mrs /Miss /Ms / Other (Circle)**

**Male** ☐

**Female** ☐

First Name

Middle Name(s)

Surname

**Date of birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
day /month/ year

**1. Are you currently known or have you previously been known by any other name(s): ie: an alias or maiden name?**

**YES** ☐

**NO** ☐

**If YES, please list other names below:**

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**Current Residential Address:**

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**Contact Details:**

Email: \_\_\_\_\_

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** ☐

**N/A** ☐

**If you answered YES to (3), please provide:** \_\_\_\_\_  
WWCC / VIT Number

Expiry Date



### Proof of identification:

*This section is based on the '100 point proof of identity' approach undertaken in Australia. **Both Primary and Secondary sources are required. 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 **one (1)** of the following – driver's license, passport, birth certificate. This source must be sighted by the Safe Church Representative or nominated person and noted below.*

1. \_\_\_\_\_

#### Secondary identity sources:

*This can take the form of any **two (2)** of the following (all cards must be current) – Working With Children Check card, Student card, Centrelink Healthcare or Pensioner's card, Department of Veteran's Affairs card, bank statements, credit/debit card, Medicare card, Seniors card, Council Rates Notice, Rental/Lease agreement notice, utilities bill showing applicant's name and address, tax declaration. This source must be sighted by the Safe Church Representative or nominated person and noted below.*

1. \_\_\_\_\_

2. \_\_\_\_\_

#### Questionnaire:

|                                                                                                                                                                                                        |                              |                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>A. Have you ever been convicted of child abuse or neglect?</b>                                                                                                                                      | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| <b>B. Have any allegations or complaints involving misconduct with children ever been made against you?</b>                                                                                            | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| <b>If you have answered 'Yes' to any of the above questions, please provide details below: (If insufficient space, please attach separate page)</b>                                                    |                              |                             |
|                                                                                                                                                                                                        |                              |                             |
|                                                                                                                                                                                                        |                              |                             |
|                                                                                                                                                                                                        |                              |                             |
| <b>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?</b>                                                        | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| <b>If you have answered 'Yes' to the above questions, please provide details below:</b>                                                                                                                |                              |                             |
|                                                                                                                                                                                                        |                              |                             |
|                                                                                                                                                                                                        |                              |                             |
|                                                                                                                                                                                                        |                              |                             |
| <b>D. Have you ever been subject to disciplinary action or investigation by an employer, professional organisation or other organisation or body (e.g. a church, denomination or volunteer group)?</b> | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| <b>If you have answered 'Yes' to the above questions, please provide details below:</b>                                                                                                                |                              |                             |
|                                                                                                                                                                                                        |                              |                             |
|                                                                                                                                                                                                        |                              |                             |
|                                                                                                                                                                                                        |                              |                             |



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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>E. Have you ever been the respondent of an intervention order, including but not limited to a personal safety intervention order and/or family violence intervention order, or equivalent, either in Victoria or outside Victoria?</b> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| <b>If you have answered 'Yes' to the above questions, please provide details below:</b>                                                                                                                                                   |                                                          |
| <hr/>                                                                                                                                                                                                                                     |                                                          |
| <hr/>                                                                                                                                                                                                                                     |                                                          |
| <hr/>                                                                                                                                                                                                                                     |                                                          |

*The above questions ensure compliance with the Victorian Child Safe Standards and insurance requirements.*

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|-----------------------------------------------------------------------------------------------------------------------------|
| <b>F. If you have any previous experience and/or qualifications in regards to working with children, please list below:</b> |
| <hr/>                                                                                                                       |
| <hr/>                                                                                                                       |
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|                                                                                                        |
|--------------------------------------------------------------------------------------------------------|
| <b>G. What is your reason or motivation for becoming engaged in Children's Ministry in the Church?</b> |
| <hr/>                                                                                                  |
| <hr/>                                                                                                  |
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|                                                                                                                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>H. Please write one paragraph on what behaviours you believe are required for people working with children in the Church? (For example: ensuring the safety of children...)</b> |
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*The above questions ensure compliance with the Victorian Child Safe Standards and insurance requirements.*

**List any previous churches:** \_\_\_\_\_  
\_\_\_\_\_

**Referees:** *(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 **NOT** relatives.*

**Contact details of Referees:**

**Name of 1<sup>st</sup> Referee:** \_\_\_\_\_

Phone Number: \_\_\_\_\_ or Email: \_\_\_\_\_

**Name of 2<sup>nd</sup> Referee:** \_\_\_\_\_

Phone Number: \_\_\_\_\_ or Email: \_\_\_\_\_



## PCV Safe Church Role Description – Children's Ministry

### Responsibilities:

You are directly responsible to the individual ministry leader for each ministry role you hold, and overall the Church Session. In the case of PCV organisations, you are responsible to the governing Council.

#### Responsibilities include:

- Ensuring the physical safety of children in the ministry program
- Caring for those you minister to and your fellow team members
- Carrying out your specific responsibilities within the ministry team
- Other specific responsibilities as identified by the ministry leader (Please refer Page 5).

### Role Requirements:

#### You must:

- Hold a current Victorian Working With Children Check card / Victorian Institute Teaching card, shown this card to the ministry leader and provided the card number
- Have received and read the Safe Church Policy and Code of Conduct
- Undertaken or agreed to undertake the Safe Church Basic Training Course and the Online Refresher Course
- Sign this role description as an indication of your acceptance of the responsibilities of the role and agreement to abide by the PCV Safe Church Policy and Code of Conduct
- Be willing to comply with the expectations, reasonable directions and decisions of the Session/PCV organisation and higher Court of the Church.
- Follow the PCV Safe Church reporting procedures for reporting child abuse concerns and/or disclosures.



## General Information about children's ministries:

- It is important that all activities of the children's ministries are open to appropriate, authorised observation by the Minister and the Session. Parents are always welcome to stay with their children in ministry time should this be necessary.
- If you are training up younger leaders, it is important to pastorally care for them. When delegating tasks to them, it is important to work alongside with them in the organising and implementing of the specific tasks.
- If providing food as part of the ministry activities you must ascertain whether any participants are allergic/ sensitive to any specific foods. If necessary, separate options may need to be provided for these individuals.
- Having a first aid kit for the ministry team is essential. You need to ensure that you know where it is located in an emergency.
- The PCV complies with the Victorian Child Safe Standards: - for further details please go to: <https://ccyp.vic.gov.au/child-safe-standards/> .

## Child Protection Protocols for this role:

All people involved in the ministry, regardless of age, are covered by these protocols. *Note: They do not replace the Safe Church Policy or Code of Conduct. Rather they are intended to provide helpful general protective protocol advice.*

- Do not allow yourself to be in any area alone with a child under 18. Always have another team member, leader or the parent with you.
- If a child has questions for you during the ministry events, ask another team member to remain in the room while you talk to them
- If a child is distressed and needs to be consoled, it is best practice with older children and teens particularly that a person of the same gender does the consoling. Ensure that another team member is either with you or nearby (within sight) at all times, and use your discretion when speaking and comforting the child. With very young children they will often gravitate towards a "mum"-like person, or indeed there may only be women involved in the children's ministry. Obviously in this situation the advice concerning being of the same gender as the child does not apply here.
- If a child discloses information to you regarding any kind of abuse or neglect, or you have concerns about these issues in relation to a child you must pass on this information to the ministry leader and then to the Safe Church Unit. However, be careful not to reveal this confidence to any other person
- If a child discloses information to you regarding any kind of abuse or behaviour by a team member or the ministry leader which breaches the Safe Church Code of Conduct contact the Safe Church Unit – 0499 090 449.
- In the case of a disclosure, please ensure that you write down the full details including, the date, time and location at the time or shortly thereafter.

## Additional Specific Responsibilities:

In addition to the Responsibilities listed on *Page 4*, you may have further specific responsibilities in respect to one or more of your roles and if so, these are listed below: *(Ministry leader to complete)*:

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## 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.

I have read and agree to abide by this Role Description, the Safe Church Policy and Code of Conduct:

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

### Safe Church Representative to Action

Has the Primary and Secondary identification been sighted against the information provided by the applicant on Page 2?

YES ☐

NO ☐

*Name and signature of person who sighted the identity sources, if not the Safe Church Representative.*

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Role

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

*The Safe Church Representative must sign this form in order for SCU to accept and process this application.*

\_\_\_\_\_  
Safe Church Representative (Please print name)

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date



## General information for Safe Church Representative

Once the VAP documentation is completed, please forward the following forms to the Safe Church Unit ( [scu.compliance@pcv.org.au](mailto:scu.compliance@pcv.org.au) or addressed to Safe Church Unit 268 Canterbury Road, Heathmont 3135):

1. Completed and signed Initial Registration & Role Description form
2. Confidential Record of reference checks form
3. 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.***