# ***Leader Application Questions***

Name:

Address:

Email:

Phone:

WWVP#:

What will be the most challenging aspect of this program for you? Why?

What experience have you had with people with disabilities? (Experience not necessary)

Would you be interested in volunteering for further camps and activities as a leader/mentor for youth and children with disabilities? Yes or No

Before each program we provide a name and photo and a short description for participants to be prepared for the program. All leaders/mentors will also receive a copy of the participants information that has all names and photos of everyone attending the program.

Please include a photo short answer to the following questions and email a photo to horciu@btinternet.com

Do you have a pet? What’s the best thing you like to do?

What’s your favourite colour? What’s your favourite movie?

What’s your Favourite food? What’s your favourite Music?

 **I give permission for my Bio information and photo to be shared with other people attending the program.** *This information will only be used for the purpose of the Embracing Ministries program.*

Sign ……………………………………………………………………………….Date……………………………….

Print name …………………………………………………………………………………………………………….



**The Safe Communities Unit** Please address all correspondence to:

LEVEL 4 GPO BOX 1981

221 LONDON CIRCUIT CANBERRA, ACT 2601

CANBERRA CITY, ACT T (02) 6232 3610 (Administrative Assistant)

 T (02) 6232 3620 (Direct)

 M 0427 533 159

 E celia.irving@anglicancg.org.au

**- Safe**

**Embracing Ministries Mentor Safe Ministry Check**

**Personal Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Title |  | Surname |  |
| Christian names |  |
| Previous names |  | Male/female *Please circle as appropriate* |
| Address |  |
| Home phone number |  |
| Work phone number |  |
| Mobile phone number |  |
| Email |  |
| Date of birth, if under 18 |  |
| Position/s applied for | Mentor |
| Program | Embracing Ministries Spring Holiday Program  |

|  |
| --- |
| **Privacy Statement**Any personal information you provide is protected under the *Privacy Act 1988* and is collected by Embracing Ministries for the purpose of your involvement with Embracing Ministries Program. It will be kept in a confidential file and used in implementing the Diocesan Due Diligence Protocol. It can only be disclosed to someone else if you have been given reasonable notice of the disclosure; where disclosure is authorised or required by law or is reasonably necessary for the enforcement of the criminal law; if it will prevent or lessen a serious and imminent threat to a person’s life or health; or if you have consented to the disclosure.However, if you choose not to provide the information requested, we may not be able to process your questionnaire or properly consider you for a role. If you have questions or concerns about how your personal information is handled you can contact Celia Irving by emailing celia.irving@anglicancg.org.au  |

|  |
| --- |
| **Applicants for Embracing Ministries leaders/mentors positions:** **Please submit your completed questionnaire** before the 5 April. They can be scanned and emailed to horciu@btinternet.com.For more information contact Reverend Andrea De Vaal Horciu on 0404256714 |

|  |  |  |
| --- | --- | --- |
| **Questions**Please tick either “**YES**” or “**NO**” for each question. Where a **YES** answer is given it will not automatically rule an applicant out of selection. *However, in these situations the Application will be forwarded to the Safe Communities Unit for assessment before an appointment can be made.* Wherever a **YES** answer is given, please provide relevant information regarding your response on a separate paper and indicate the current status, of the issue, if any.  | **Yes** | **No** |
| 1. Do you have any health problem(s), which may affect your work with children, young people or vulnerable adults?
 |  |  |
| 1. Have you ever been charged or convicted of a criminal offence?
 |  |  |
| 1. Have you ever had permission to undertake paid or voluntary work with children, young people or vulnerable adults refused, suspended or withdrawn in Australia or any other country?
 |  |  |
| 1. Have you ever engaged in any of the following conduct, even though never having been charged?
* sexual contact with someone under your care other than your spouse (such as a parishioner, client, patient, student, employee or subordinate)
* sexual contact with a person under the age of consent
* illegal use, production, sale or distribution of pornographic materials
* conduct likely to cause harm to a child, young person or vulnerable adult, or to put them at risk of harm.
 |  |  |
| 1. Has your driver’s licence ever been revoked or suspended?
 |  |  |
| 1. Have you ever had an apprehended violence order, order for protection or the like issued against you as a result of allegations of violence, abuse, likely harm, harassment, stalking, etc?
 |  |  |
| 1. Has a child or dependent young person or vulnerable adult in your care (as a parent or in any other capacity) ever been removed from your care, or been the subject of a risk assessment by the authorities?
 |  |  |
| 1. Have you done anything in the past or present that may result in allegations being made against you of child abuse?

Child abuse means:* bullying;
* emotional abuse;
* harassment;
* neglect;
* physical abuse; or
* sexual abuse.
 |  |  |
| 1. Have you done anything in the past or present that may result in allegations being made against you of bullying or any form of harassment of adults?
 |  |  |
| 1. Have you a history of alcohol abuse or a history of substance abuse including recreational or illegal drugs and misuse of prescription, over-the-counter medications?
 |  |  |

**Character Reference**

|  |  |
| --- | --- |
| **Referees** | Please supply the **name, addresses (postal and email)** and **phone numbers** of three referees over the age of 18 years who are able to give a report of your good character and suitability for a ministry position. If you have lived in another state or country, please include a referee from your last parish or placement in that state and/or country. |
| **Referee 1***Senior Church Leader – e.g. rector, church warden* |  |
| **Referee 2***Employer or teacher* (or person who has known you longer than 3 years, if no work or recent education history*)* |  |
| **Referee 3***Person who has known you longer than 3 years and knows you well* |  |

**Record of Christian Church Membership**

List any church organisations, churches, parishes or congregations (including your current one) of which you have been a member in the last 5 years. Add additional pages, if required.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Church**  | **Any position held** | **Location** | **Rector/** **Vicar/ P-I-C** | **Start** **Date**  | **End** **Date** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Declaration – To be completed by all applicants**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

of, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do solemnly and sincerely declare that:

1. The information I have provided in this application and the information contained in any documents accompanying this application and signed by me are true and correct to the best of my knowledge and belief.
2. I have received a copy of the current edition of the Diocesan **Code of Good Practice** of the Anglican Diocese of Canberra & Goulburn and **Safe Communities of Faith Policy** and I agree to adhere to and implement these documents, including attending a **Creating Safe Ministries** workshop and Refresher sessions.
3. I understand that any material misstatement in or omission from this questionnaire may render me unfit to hold a particular office or any office in the Church.
4. There is nothing in my background that I have not disclosed in this application, which if it becomes public knowledge could adversely affect the assessment of my good fame and character.
5. If anything declared in this questionnaire changes, I will notify the Director of Embracing Ministries immediately.

**CONSENT– To be completed by all applicants**

I consent to Embracing Ministries collecting, using and disclosing personal information as described in the Privacy Statement (on page 1).

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Declared at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ This \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day of \_\_\_\_\_\_\_\_\_\_\_20\_\_\_\_\_\_\_\_\_

Before me[[1]](#footnote-1):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title/Office held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For applicants 16 years and under a counter-signature from either a parent or guardian is required.**

|  |  |
| --- | --- |
| Parent or Guardian: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Guidelines and Expectations for Associate leaders on Embracing Ministries Activities**

At Embracing Ministries Programs, we aim to make sure that the program is as safe as possible for participants, mentors and leaders. To work towards our vision and mission, it is important that we set in place requirements and expectations for all leaders and mentors.

Embracing Ministries is an activity of the Anglican Diocese of Canberra and Goulburn and operates explicitly to forward the mission of this branch of the Christian church which is to transform people and communities through the love of Jesus.

Accreditation as an associate leader is for a designated period for a specific program or activity.

**Primary Responsibilities of associate leaders**

* To participate in whatever activities and role the Director has designated for the purpose of helping participants to enjoy and benefit from the program.
* To ensure, as far as possible; the safety of the participants assigned to you on the program with the help of room leaders and director.
* To ensure an inclusive culture in conversations, discussions and events on all programs and activities. This will include meals, activities and sessions.
* To act in a manner consistent with Christian values and to never undermine Christian teaching.
* To attend all leader meetings whilst on the programs and the training dates required for the program, unless otherwise excused by Embracing Ministries Director.
* To attend all training and meetings required before the program.
* To refrain from using mobile phones in front of participants or during program events. Phones may be used in your free time.
* To ensure that they have good sleep and rest before, during and after the program.
* To tell the Embracing Ministries Director if any duties or events required are unclear and require further instruction or too difficult and need to be modified or support provided.
* To model team unity and cohesion.
* It is strict policy that no leader is to be alone with another participant whilst on our program. *Please refer to CSM manuals.*
* Alcohol or substance abuse is strictly prohibited on any Embracing Ministries programs. Any leader or participant in breach of this regulation will be asked to leave the program at their expense. (Communion wine is permitted for The Lord’s Supper and other Communion associated activities)

**Selection Criteria**

* Each leader or young leader/mentor is to be supportive of the Christian purpose of the program.
* Each leader or young leader/mentor to have experience or skills of relevance to the needs of the program they are attending.
* Each leader or young leader/mentor is to accept the direction of the Director in how they fulfil their role.
* Each leader or young leader/mentor is to be a person of integrity and humility, seeking to have mercy, compassion and justice.
* Each leader or young leader/mentor must have completed a Creating Safe Ministries course or equivalent.
* Each associate leader must have completed a Working with Vulnerable People (ACT) or Working with Children Check (NSW) *(any persons that have been convicted of child abuse in any form cannot be a leader on any given camp)*.

**I have read and understood this information.**

**Applicant’s signature**

**Date:**

 ***Embracing Ministries Leader/Mentor***

***Application Form 2018***

**Checklist**

* Evidence of training and development in the ministry to young people **or** evidence of authorised training in working with disabled people (E.g. school program, paid work)

Course attended Date .

Current ‘Creating Safe Ministry’ training link to online course: [Safe Ministry *e*Training Induction on openlearning.com](https://www.openlearning.com/courses/safe-ministry-online-induction)

* completed ‘Embracing Ministries Mentor Safe Ministry Check’
* Verified ‘Working With Children Check’ (NSW) or ‘Working With Vulnerable People Check’(ACT)
* Declaration read and signed
* Parent/guardian signature for those under 18 years.

|  |  |
| --- | --- |
| **Program Applied For** | **Dates of program** |
| **Specific Duties for which you are applying for authorisation** |
| **Extension requested** |  |

**Personal Information**

|  |  |
| --- | --- |
| Name of Applicant |  |
| Date of Birth |  |
| Address |  |
| Contact Details | Home |
| Work |
| Mobile |
| Email |
| Emergency Contact Person | Relationship |
| Phone(s) |

**Medical Information**

|  |
| --- |
| Do you have any mobility, medical or dietary needs that we should know about in order to care for you? If yes please give details. |

**Leadership Information**

|  |  |
| --- | --- |
| Do you attend a church? yes/no | If yes, name of current churchLength of time at current church |
| Previous church attended, if you have only been at the above church for less than 6 months. |  |
| Is this your first time you are applying to be a Leader? | yes/no |
| If you have been a leader before, please list the years you have been accredited.  |  | Driver’s licence no. |
| What leadership role/s do you expect to perform? (Mentor, musician, leader, scripture teacher) |  |
| What experience do you have which is relevant to contributing to this program? |  |

**Declaration**

I confirm that the information I have supplied on this form is true and correct to the best of my knowledge. I understand that, should it be found that any answer is untrue, I may have my accreditation revoked. I agree that the Director of Embracing Ministries may contact the recommending clergyperson, and any other person whose knowledge of me may assist the Director to determine my suitability for appointment, and that a copy of this application may be sent to any referee listed above.

I confirm that I have read and understood the *Guidelines and Expectations for a Leader / Mentor*. I acknowledge that the purpose of Embracing Ministries is to forward the Anglican church’s mission and to teach about Jesus Christ and I am willing to support this activity in this setting regardless of my personal beliefs.

Applicant’s Signature:

Date:

Printed name:

***Parent or guardian of all leaders under the age of 18 years must sign this form***

**Parent’s Signature and date .**

**Parent’s printed name. .**

|  |
| --- |
| **Office use only** |
| Application Received on: |  |
| Application Processed by: |  |
| Endorsements applied for: | None: | Driver: | SRE: |
| Outcome of Application: |  |

1. The Declaration may be witnessed by your Rector or other suitable person. Contact SMU on 6232 3610 for list. [↑](#footnote-ref-1)