

PRIVATE AND CONFIDENTIAL



PresSafe Appointment Agreement Presbyterian Church of Queensland

APPLICANT FULL NAME: _____

INTENDED MINISTRY ROLE/S: _____

PCQ CHURCH OR MINISTRY: _____

INITIAL APPLICATION **CONTINUING APPOINTMENT**

TRAINING REQUIRED: (Check all that apply)

- Basics** (Helper, Jnr Helper, <16 Jnr Leader, One-off Speaker, etc)
- Leader** (Children's Leader, Youth Leader, 16+ Jnr Leader, APWM, etc)
- Overseer** (Team Leader, Ministry Coord., Minister, Elder, CoM Member, etc)

SUPERVISOR NAME: _____

APPOINTMENT PROCESS

This form is part of the Appointment process that must be completed by all volunteers and paid employees currently, or intending to be, involved in the provision of Presbyterian Church of Queensland (PCQ) ministries directed mainly towards, or mainly involving, children (i.e. young persons under 18 years).

This process will be overseen by a Supervisor (Ministry Coordinator, Team Leader or Minister), who will act as your main referee and ensure that you have completed each part of the process. The appointment lasts for three years and this process will be repeated with the renewal of your Working With Children Check.

You must complete the following process before any involvement in a children's activity or program:

- Read the PCQ PresSafe Code of Conduct
- Complete PresSafe Training appropriate to your ministry role
- Hold a positive Working With Children Check (or be exempt)
- Undergo an interview with your Supervisor to determine your suitability for the role
- Complete this Appointment Agreement form, including referee information
- Be approved and minuted for your role by your church Session or the O&N Committee

Please note: All information regarding your Appointment Process will be stored in hard copy at the local church for 45 years, and a digital record will also be kept by the denomination. If you have any questions regarding PresSafe Policy or Procedures please contact the PCQ PresSafe Administrator on pressafe@pcq.org.au or (07) 3716 2800.

Presbyterian Church of Queensland

P: 07 3716 2800 F: 07 3716 2810
Level 4, 19 Lang Pde, Milton QLD 4064
PO Box 1351, Milton QLD 4064
www.pcq.org.au

Official Use Only

Date of Session or O&N approval: ____/____/____

APPLICANT DETAILS

Title: _____ Last Name: _____

Given Names: _____ DOB: ____/____/____

Street Address: _____

Suburb: _____ State: _____

Mobile: _____ Home Ph: _____

Email Address: _____

Church: _____

Occupation: _____

Advise any medical conditions, mental health issues or life circumstances that might impact your involvement with children: _____

What experience do you have working with children? (include education & child care qualifications).

Have you ever:

- been acquitted of a charge of any criminal offence against a child?
- had a charge of an offence against a child not proceed?
- been the subject of a complaints process (church or otherwise) or disciplinary proceedings involving child abuse?

NO

YES - please discuss this privately with your Supervisor and Minister.

Is there any aspect of your life that might reasonably be of concern to the PCQ in approving your application to work with children?

NO

YES - please discuss this privately with your Supervisor and Minister.

WORKING WITH CHILDREN CHECK (WWCC)

Please indicate where applicable to you:

I have a Positive Notice Working With Children Check or Exemption Card

Number: _____ Expiry Date: ____/____/____

Name on Positive Notice: _____

(only provide name if different from Applicant Details above)

I have a Working With Children Check Exemption for Police Teacher Other _____

I am a parent of a child in the ministry/activity for which I'm applying

I am an overseas resident and have obtained an Australian National Police Check

I have submitted a Working With Children Check application and am awaiting the outcome

Jurisdiction of WWCC: ACT NSW NT QLD SA TAS VIC WA

PRES-SAFE CODE OF CONDUCT

These principles provide guidance on the expected behaviour to create a safe environment and ensuring children are protected from harm and abuse:

- Become familiar with and act in accordance with the PresSafe Policy and PresSafe Procedures for Sessions and Committee;
- Act according to the highest standards in their personal life and relationships;
- Only engage in appropriate actions and activities with children;
- Treat all people with respect and dignity regardless of age, culture, gender, religious/ denominational affiliation, sexual orientation or personal circumstances;
- Accept responsibility for the appropriate duty of care for all participants;
- Understand that any perpetration of verbal, emotional, physical or sexual abuse or harassment is unacceptable and will be treated seriously and sensitively, and must be reported in accordance with the Church mandatory reporting Policy and Procedures;
- Act with courtesy, consideration and good judgement, in interpersonal relationships;
- Carry out their role in accord with the doctrines and values of the Presbyterian Church of Queensland;
- Engage only in lawful activity and never assist persons engaged in illegal activities.
- Respect the authority of leaders and act in accordance with reasonable directions ;
- Complete training as required by the Church in relation to Children's Ministry roles;
- Care for equipment and resources used in Ministry.

The Church agrees to:

- Educate and train those involved Children's Ministry in their duties and responsibilities;
- Support those involved in Children's Ministry as they carry out their roles;
- Provide policies and procedures for best practice and high levels of safety and care;
- Adequately insure approved programs, events and activities

As a Code of Conduct cannot explain every situation where discernment is required, those involved in Children's Ministry should seek advice if placed in a position of uncertainty.

DECLARATION

- I have read the PresSafe Code of Conduct and agree to work within this Code of Conduct.
- I agree to work within the PCQ PresSafe Policies and Procedures (including the requirement for Mandatory Reporting), as outlined in the PresSafe Training which I have completed.

Applicant's Full Name: _____

Signature of Applicant: _____

Date: ____/____/____

This section to be completed if Applicant is under 18 years old

Guardian's Name: _____

Signature of Parent/Guardian: _____

Date: ____/____/____

SUITABILITY CHECK OF _____ **APPLICANT'S NAME**

This Suitability Check is to be completed by the Supervisor, who will contact other referees, where applicable, with a view to ascertaining the applicant's suitability to work with children. Any referee contact details are to be provided by the Applicant at interview and cannot be family members.

SECTION 1 - Applicant well known to you for at least 12 months

Has the applicant been well known to the Supervisor for 12 months or more? YES NO
(If **YES**, go to Section 3. If **NO**, go to Section 2, then to Section 3)

SECTION 2 - Other referees required

PRESBYTERIAN CHURCH OF QUEENSLAND (PCQ) APPLICANTS

Applicants who have previously served within the PCQ, require at least **ONE** referee, other than the Supervisor, preferably being a PCQ Ministry Team Leader they've served with.

Previous PCQ Church: _____ Referee Name: _____

Position: _____ Ph: _____ Suitability Confirmed: YES NO

OTHER APPLICANTS

In all other cases, at least **TWO** other referees are required.

Referee #1 - Character Reference from someone who knows the applicant well.

Name: _____ Organisation: _____

Position: _____ Ph: _____ Suitability Confirmed: YES NO

Referee #2 - External Reference from someone in a leadership role other than their current local church: previous church, ministry team, para-church organisation, teacher, workplace supervisor.

Name: _____ Organisation: _____

Position: _____ Ph: _____ Suitability Confirmed: YES NO

SUMMARY OF FEEDBACK FROM REFEREES: _____

SECTION 3 - Supervisor Recommendation

Given your knowledge of the applicant, do you recommend them as being suitable to work within PCQ's ministry to children as a helper leader overseer? (Check all that apply) YES NO

Provide a brief basis for your decision: _____

SUPERVISOR'S NAME: _____

SIGNATURE: _____ **DATE:** ____/____/____