

## 2024 SRE ENGAGEMENT FORM



**CHURCH OF THE FOURSQUARE GOSPEL (AUST.)**

COPY: To be sent to Foursquare Australia for authorisation (address & email on last page)

ORIGINAL: To be securely filed at local church office

WWCC clearance number: \_\_\_\_\_ WWCC Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Title: • Mr • Mrs • Ms • Dr • Prof • Other \_\_\_\_\_

Address : \_\_\_\_\_

Suburb: \_\_\_\_\_

Postcode: \_\_\_\_\_

Home phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

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

Church: \_\_\_\_\_

I am applying for (please tick one) : Initial SRE Teacher authorisation

SRE Teacher reauthorisation

Transfer of SRE authorisation

### **Safechurch workshop or refresher training**

Previous Workshop date: \_\_\_\_\_ Location: \_\_\_\_\_ Denomination: \_\_\_\_\_

**SRE Teacher Basic Training:**

**I have completed:**

**Module #1:**

**Module #2:**

**Module #3:**

**Module #4:**

**Module #5:**

**Module #6:**

**Module #7:**



**CHURCH OF THE FOURSQUARE GOSPEL (AUST.)**

## **SPECIAL RELIGIOUS EDUCATION / SPECIAL EDUCATION IN ETHICS TEACHER DECLARATION**

The Department of Education requires that all non-employees who are permitted to teach Special Religious Education/Special Education in Ethics in its schools be appropriate and responsible persons. Each authorised religious persuasion must give an undertaking that any SRE/SEE teacher authorised to enter Government schools has not had a criminal conviction within the meaning of the Criminal Records Act 1991.

In keeping with current child protection legislation, all SRE/SEE teachers are required to apply for a *Working with Children Check* and obtain a clearance number. The number and your date of birth must be provided to your approved provider for verification.

In response to the above requirements, the Church of the Foursquare Church Australia has prepared the following declaration, which all SRE/SEE teachers must sign.

I hereby state that I have volunteered my services to the below Approved Provider:

### **Approved Provider Name**

**The Church of the Foursquare Gospel (Australia)**

I declare that:

- I have a current *NSW Working with Children Check* clearance and have provided it to the approved provider with the date of expiry and my date of birth.
- At the time of engagement, I have no criminal convictions within the meaning of the Criminal Records Act 1991. I understand that 'conviction' defined in the Act includes a conviction, whether summary or on indictment for an offence, and includes a finding or order that an offence has been proved, or that a person is guilty of an offence, without proceeding to conviction.
- I am not subject to any pending court proceedings relating to a criminal matter in Australia or overseas.
- I have no convictions that cannot become spent within the meaning of the Criminal Records Act 1991 including but not limited to:
  - a. convictions for which a prison sentence of more than six months has been imposed, or
  - b. convictions of sexual offences.

I agree that by signing this declaration:

- the Church of the Foursquare Gospel (Australia) may share this information with the NSW Department of Education when requested.
- If during the course of my engagement as an SRE/SEE teacher, and I become a subject of any allegations and/or charges of a criminal matter, court proceedings and/or incur a conviction, I have an obligation to notify the Church of the Foursquare Gospel (Australia) I give permission to the Church of the Foursquare Gospel Australia to disclose this information to the NSW Department of Education and I understand that I may be subject to undertake a Nationally Coordinated Criminal History Check (NCCHC) for a risk assessment.

Please write your legal name (same as on identity documents used to obtain your Working with Children Check number)

<b>SRE/SEE Teacher Details</b>	
Title	
Family name	
Given name(s)	
Date of birth	
Street Address	
Town/Suburb	
Postcode	
State	
Email	
Contact Number	

<b>Emergency Contact Details</b>	
Emergency Contact's Name	
Contact Number	

<b>WWCC Details</b>	
WWC number	
Name on WWCC Clearance	
WWCC Expiry Date	
<b>For Office Use Only</b>	
Date verified	
Name of person verifying	

*Upon completion, retain a copy for your local coordinator. The original forms will be sent to the Approved Provider.*

SIGNATURE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

DATE \_\_\_\_\_

## ACKNOWLEDGMENT BY THE SRE TEACHER

I [insert full name] \_\_\_\_\_ being employed or engaged by Foursquare Australia in the following role of Special Religious Education (SRE) Teacher  
Hereby acknowledge that I have:

- received the Teacher Authorisation Process inclusive of:
  - i. Code of Conduct Training
  - ii. Working with Children Check
  - iii. Child Protection Training
  - iv. SRE Teacher Compliance
- read the Teacher Authorisation Processes and am obliged to comply with the Teacher Authorisation Processes, including any amendments made from time to time.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Local Authorising Agent's Declaration** (if the applicant is a senior pastor, please leave this section blank)

I have interviewed \_\_\_\_\_ and recommend him/her as a teacher of Special Religious Education for the Foursquare Australia denomination.

I understand that \_\_\_\_\_ will undertake his/her tasks as a representative of this congregation and I will seek to find or provide training, support, and pastoral care throughout their ministry. I will actively encourage the prayerful support of this church as the sending body.

Authorising Agent ( Church Pastor) Name: \_\_\_\_\_

Authorising Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Please send a copy of this document and supporting evidence of Safechurch & SRE training to:  
**newlifelowerclarence@gmail.com**  
Or: **PO Box 238 Maclean NSW 2463**

\*\*If you are undergoing the initial SRE Authorisation process, please include a recent 3cm x 2cm photo or digital image/file (head and shoulders only) of yourself as well