

VOLUNTEERS and the “WORKING with CHILDREN CHECK”

The Western Australian Conference of the Seventh-day Adventist Church (hereinafter called “the Conference” or “the Church”) has three Trustee Companies, they are:

- Seventh-day Adventist Church (Western Australian Conference) Limited, ACN 104 553 808
- Seventh-day Adventist Schools (Western Australia) Limited, ACN 105 583 935
- Seventh-day Adventist Aged Care (Western Australia) Limited, ACN 104 553 620.

This document applies to you if YOU are a person (whether new or continuing) who works as a Volunteer with the Conference or one of the Trustee Companies (hereinafter called your “Employer”) and who is designated by the “Working with Children (Criminal Record Checking) Act 2004” as being “engaged in child-related work.”

- A. Before you do anything make sure that you know what is in your Employers “Safe Place Policy”. You may ask your Employer for a copy. For further information also look at the WA state government website covering the “Working with Children Check” at “<http://www.checkwwc.wa.gov.au/default.htm>”.
- B. If you are asked to get a “Working with Children Check” go a Post Office (or the Conference Office) and get an information booklet which also contains an application form
- C. Fill out the application form with your personal and other details and take particular note of the questions which begin on page 3 of the application form and fill them out (depending on your answers) similar to the example shown on the next page.

For guidance look at **Important Note 1:**

Important Note 1:

We will accept the local Church Pastor OR local Head Elder OR the local Child Safety Office OR your workplace manager (for example a School Principal) and their respective positions for Part 6 on the application form - “*Details of the Employer or Agency*”

The Conference defines “*local Church Pastor*”, or “*local Head Elder*”, or “*local Child Safety Officer*”, or “*your workplace manager*” as being the person who is so designated at the organisation where you work - not some other organisation.

If there is a problem with finding a suitable person to sign your application form please ring Pastor Lionel Smith at the Conference office (9398 7222) for guidance.

- D. Take the form to the person you designated as the “Name of Employer / Agency Representative” in Part 6 of the application form and ask that person to fill in the “Position of Employer/Agency Representative” and sign the application form.
- E. Take the form to the Post Office with your money (\$10 for volunteers) **and with your identifying documents** and the Post Office will take a photograph of you which will then be attached to the application form and DON'T FORGET to make sure the form is signed and dated.
- F. When you receive your identification card you will then need to take that card to the person designated as the Child Safety Officer, or your workplace manager (for example a School Principal) with the Conference organisation you work with and he/she will record your details and will then send a copy to the Conference Office. Your details will be recorded and the Conference will then send you a letter acknowledging that you have completed a “Working with Children Check” and also ask you to sign a Statutory Declaration. The Statutory Declaration asks you to answer questions about yourself that are not covered by the “Working with Children Check”.. Other persons who are exempt from having to obtain a “Working with Children Check” may be asked to complete a specific Statutory Declaration.
- G. **Who pays for the cost of the “Working with Children Check”?**
If you are a **Volunteer** then the principle we follow is that the organisation asking you to work for them as a Volunteer is the group that pays the fee.

Important Note: This is only a representation of the actual form. Please use the correct form which can be obtained from most Post Offices or the Conference Office.

Part 5: Child Related Employment Details

Category of Child Related Work (see page 2)

Please enter "11" in this box

Church Pastors name goes here

Type of Employment

Self Employed OR Paid Employee OR Volunteer/Unpaid Position OR Paid Managerial Officer OR Unpaid Managerial Officer

Name of Organisation for which you undertake Child-related work

S D A C H U R C H --- W A C O N F E R E N C E

Applicant's job title/role in child-related work

A D V E N T U R E R C L U B S T A F F

Organisation's Phone Number

9 3 9 8 7 2 2 2

Part 6: Details of the Employer or Agency

Self employed people, Managerial Officers of body corporates that hold a child care license and people with an exemption letter do not complete this Part

Name of Employer/Agency Representative (this person must sign the Employer Declaration in Part 7)

Position of Employer/Agency Representative

A D V E N T U R E R C L U B D I R E C T O R

Street Address of Employer/Agency Representative (must be an Australian address)

Unit Number/Street Number/Street Name (with a gap between words)

4 4 --- 6 0 S T A T I O N S T R E E T

Suburb/Town/Locality

G O S N E L L S

State

W A

Postcode

6 1 1 0

Postal Address of Employer/Agency Representative (must be an Australian address)

This is also the position and address to which your notice will be sent if your organisation has arranged for notices to go to a central location

Same address as above

Position to whom your notice will be sent

T R U S T S E R V I C E S D I R E C T O R

Unit Number/Street Number/Street Name/PO Box (with a gap between words)

P O B O X 1 3 4

Suburb/Town/Locality

G O S N E L L S

State

W A

Postcode

6 9 9 0

Part 7: Employment/Agency Representative Declaration

I certify that the information within my knowledge in this application is true and correct and that the applicant is/will be employed in child related work. I am aware that it is an offence to give false or misleading information in this application form.

Signature of Employer/Agency Representative
Must be the person named in Part 6 above

Date signed DD MM YYYY

Please sign within the box and use black ink

Ever-ready Citizen

Part 8: Applicant Declaration

I certify that the information within my knowledge in this application is true and correct. I am aware that it is an offence to give false or misleading information on this application form. I consent to WWC Screening Unit or an Approved Screening Agency obtaining information about my criminal record, and making use of that information for initial and ongoing checking in the ways described in the information attached to this form. I acknowledge that I have read this information.

Signature of Applicant

Please sign within the box and use black ink

John Citizen

Adventurer Club Directors Signature.

Applicant to sign their name within the box.

Your Photograph WILL be taken at the Post Office. Don't use your own.

Date signed DD MM YYYY

Secure photo face up

PASSPORT PHOTO

DON'T write anything in this box.