



NEW SOUTH WALES

WORKING WITH CHILDREN CHECK REGISTRATION

This Registration Form is to be completed by all those required to complete a Working with Children Check because of their paid or voluntary position within the Presbyterian Church of Australia in the State of New South Wales. For details of who is required to complete a Working with Children Check please see our website at www.breakingthesilence.org.au

This form will be held by the Conduct Protocol Unit of the Presbyterian Church of Australia in NSW. The information will be used by the CPU to verify your Working with Children Check status. The CPU will be advised if your status changes. The information may be access by the Office of the Children’s Guardian who may audit PCNSW for compliance with the *Child Protection (Working with Children) Act 2012*.

Required Information

Working with Children Check Clearance/Application number: _____

Family Name: _____ First Name: _____

Previous Names/aliases: _____

Address: _____

Suburb: _____ State : _____ Postcode: _____

Telephone: (Home) _____ (Work) _____

Mobile: _____ Email: _____

Date of Birth: _____ Place of Birth: _____ Gender: Male Female

Title of position or role: _____

Pastoral charge: _____

Employment type: Volunteer Non-Volunteer

ATTACH A COPY OF THE LETTER PROVIDED TO YOU BY THE COMMISSION

Agreement

The information contained in this application is correct to the best of my knowledge. I agree to be bound by the Constitution and by-laws and policies of the Presbyterian Church of Australia in NSW, and to refrain from unscriptural conduct in the performance of my services on behalf of the church. I have completed the Breaking the Silence Basic Training or equivalent as required by the Presbyterian Church of Australia in the State of New South Wales.

Signature: _____ Date: _____

=====CPU office use only=====

Working with Children Check Clearance/Application number: _____

Working with Children Check Clearance/Application Outcome/Status: _____

Working with Children Check Clearance Expiry Date: _____

Date of verification: _____

Verified by: _____ Signature: _____