**SPECIAL RELIGIOUS EDUCATION (SRE) AUTHORISATION FORM**

Only complete this if you wish to teach SRE on behalf of the Anglican Diocese of Canberra & Goulburn in NSW

TO BE COMPLETED BY THE RECTOR or PRIEST-­‐in-­‐CHARGE (P-­‐i-­‐C) In the case of the Rector or P-­‐i-­‐C the regional Archdeacon

**Personal Details**  
Name: Date of Birth:   
Address:  
Contact Number: Contact Email:  
WWCC Number: Expiry: Creating Safe Ministries Training Date:  
Have read the [Diocesan Code of Good Practice](https://anglicancg.org.au/wp-content/uploads/SafeCommunitiesDocuments/Code_of_Good_Practice_-_approved_2013.pdf)?  Safe Ministry Check Questionnaire Date:

**SRE Training Modules**  
Module 1 (date): Module 2 (date):   
Module 3 (date): Module 4 (date):  
Module 5 (date): Module 6 (date):

Module 7 (date): Child Protection:

Have read and have an awareness of the Department Of Education’s [Code of Conduct](https://policies.education.nsw.gov.au/policy-library/policies/code-of-conduct-policy) and [Social Media Policy](https://education.nsw.gov.au/policy-library/policies/social-media-policy?refid=285776)? 

Authorising Agent’s Declaration

I have interviewed , verified their training and accreditation and recommend him/her as a teacher of Special Religious Education for the Anglican Church of the Diocese of Canberra & Goulburn for 2020.

In recognition of the privileged ministry nature of this task, I will seek to find or provide training and to provide pastoral care throughout their ministry. I will encourage the prayerful support of the church as the sending body.

Rector/P-­‐i-­‐C’s name Authorising Church

Signature

Date / /

TO BE COMPLETED BY THE TEACHER REQUIRING AUTHORISATION

|  |  |
| --- | --- |
| Full name of all School/s for which to be authorised | Type of school - high/primary school |
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|  |  |
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PARISH/MINISTRY UNIT SRE CONTACT

If the SRE School Coordinator is from another denomination a representative from the Anglican Parish is needed.

Title Given Name Surname

Curriculum used\_

TEACHER UNDERTAKING AND DECLARATION

By undertaking the role of a SRE teacher:

**I agree to**

• Carry out my tasks in accordance with the Anglican Diocese of Canberra & Goulburn’s ‘Code of Good Practice’.

• Exercise due care for the safety and behaviour of students when teaching or supervising them.

• Provide students SRE that follows an approved curriculum and is of the highest quality at all times.

• Give to participate in required teacher training and child protection courses.

**I acknowledge that**

• The Anglican Diocese of Canberra & Goulburn has special responsibilities to the students, their parents, and carers and to the school authorities because of the opportunities given it as an Approved Provider to instruct students in SRE. The Anglican Church I am teaching for has the same responsibilities.

• I am volunteering my services on the above basis to the Anglican Church that has engaged me, unless otherwise stipulated

• I am responsible to my Authorising Agent (Rector/P-­‐i-­‐C)) and his/her Successors.

 **I declare that I have not ever: committed, received an allegation of, or been convicted of child-­‐related offences, sexual abuse, or sexual harassment.**

 **I declare that I do not have a criminal conviction for, nor have I ever committed: a crime against a minor, violence assault, or providing prohibited drugs.**

 **Should my status as a prohibited person change, I commit to notifying my Authorising Church.**

SRE Teacher’s

Signature Date / /

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 understand that, as I will be representing the Anglican Diocese of Canberra and Goulburn, a delegate of the Bishop may contact my Rector or Minister mentioned in this application, and any other person whose knowledge of me may assist the Bishop to determine my suitability for appointment, and that a copy of this application may be sent to any referee listed above.

Print name: Signed: Date:

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| --- | --- |
| Office use only | |
| Application Received on: |  |
| Application Processed by: |  |
| Outcome of Application: | □ Application approved □ Application not approved |