



## ENGAGEMENT FORM for SPECIAL RELIGIOUS EDUCATION (SCRIPTURE) TEACHERS AND HELPERS

CONGREGATION: \_\_\_\_\_ PRESBYTERY: \_\_\_\_\_

Title: \_\_\_\_\_ Given Name: \_\_\_\_\_ Surname: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address (please print clearly): \_\_\_\_\_

**I am seeking to be engaged as a Special Religious Education teacher/helper at the following schools:** (please include full name of all School/s including type of school. If necessary attach an extra sheet)

By undertaking the role of an SRE teacher or helper, I agree to work in accordance with the general conditions stated below –

### **GENERAL CONDITIONS:**

1. I agree to carry out my tasks as an SRE teacher in accordance with the principles and policies of the Uniting Church and the guidelines of the NSW Department of Education and Training. I must exercise due care for the safety and behaviour of students when teaching or supervising them. The teaching given to students in the SRE classroom must at all times be of the highest quality possible.
2. I acknowledge that the Uniting Church has special responsibilities to the students, their parents and carers and to the school authorities because of the opportunities give to the Uniting Church to instruct students in Special Religious Education.
3. I have read and accept the principles and policies as set out in the document entitled "SRE Guide - guidelines, information, hints and ideas for SRE teachers" produced by the Uniting Church in Australia, Synod of NSW and the ACT (2004, updated 2011).
4. I agree to carry out my tasks as an SRE teacher in accordance with the conditions on this form.
5. I provide my services on this basis to the Uniting Church and I acknowledge that I am responsible to my authorising agent \_\_\_\_\_ (on behalf of the Church Council) and his/her successors.
6. I understand that my authorising agent can terminate my engagement as an SRE teacher if I fail to meet my commitments as set out on this form and I agree that upon termination I will cease to teach SRE and promptly deliver my Authorisation Card to my authorising agent.
7. I acknowledge that if any complaint of sexual misconduct is made against me, my authorising agent, the Moderator or the Synod Discipline Committee can terminate my engagement whether or not there has been any investigation of the complaint and whether or not there has been any fault on my part.



## **STATUTORY DECLARATION**

I hereby solemnly and sincerely declare that:

- a) I do not have any criminal conviction which involves
- \* a crime against a minor OR
  - \* violence OR
  - \* sexual assault OR
  - \* provision of prohibited drugs

b) If I am charged with any crime referred to in (a) I will promptly notify my authorising agent.

And I make this declaration conscientiously believing it to be true and in accordance with provision of the OATHS Act of 1990.

SRE Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

WITNESS: (Justice of the Peace or see below) \_\_\_\_\_ Date: \_\_\_\_\_

**(For a list of appropriate witnesses to sign a statutory declaration see:  
[www.childrenministry.org.au/sre](http://www.childrenministry.org.au/sre))**

## **Working With Children Check Requirement**

**(Please circle that which applies to your situation. Part A applies to volunteers or Part B applies to Paid Church Employees/Ministers. Signing this form indicates the circled requirement has been met).**

### **A) Volunteers:**

I have completed the NSW Working with Children Check VOLUNTEER/STUDENT DECLARATION (or if engaged before 31/03/2010 a PROHIBITED EMPLOYMENT DECLARATION) which is kept within my congregation's secure files.

### **B) Paid Employees:**

I have completed the NSW Working with Children Check – Applicant Declaration and Consent & my employer has completed the NSW Working With Children Check – Employer Request for Background Check and submitted the above mentioned paperwork to the Commission for Children and Young People.

## **Safe Church Awareness Training Requirement**

**(Please circle that which applies to your situation – A or B)**

**A) I have completed a Safe Church Training Agreement (SCTA) endorsed Safe Church Awareness Workshop (or refresher course, if applicable) in the last 3 years.**

Workshop date: \_\_\_\_\_

Location/Denomination: \_\_\_\_\_

Modules completed: \_\_\_\_\_

### **B) For those who are still to attend a SCTA safe church workshop:-**

I am committed to participating in an SCTA Safe Church Workshop at the next available opportunity. I understand that my authorisation is only provisional until I have completed this training.



## **SRE Teacher Accreditation Training**

(Please attach details of any training completed to date– for more details see:  
[www.childrensministry.org.au/sre](http://www.childrensministry.org.au/sre))

- I have completed a basic accreditation course for SRE teachers  
 I have participated in some modules of SRE accreditation training  
 I am yet to participate in formal SRE accreditation training

**In signing below, I acknowledge that I have read and understood pages 1, 2 & 3 of this Uniting Church SRE Teacher Engagement form and have honestly answered all sections required of me.**

**Should any of the above details change, I will promptly notify my authorising agent and the Synod SRE Coordinator.**

**SRE Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Our congregation's SRE contact person is: \_\_\_\_\_**  
 (This could be yourself, another SRE teacher, your minister, or another suitable person)

**Contact phone: \_\_\_\_\_**

**Contact email: \_\_\_\_\_**

### **Authorising Agent's Declaration**

I have interviewed \_\_\_\_\_ and recommend him/her as a teacher of Special Religious Education for the Uniting Church Synod of NSW and the ACT.

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 (on behalf of the Church Council):

Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Original Form:** To be held confidentially in the congregations secure files.

**Copy 1: Forward to the SRE Coordinator, Uniting Mission & Education,**  
**PO Box A2178, Sydney South NSW 1235**

**Copy 2:** To be given to the SRE teacher being authorised.