



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

**ORIGINAL:** To be securely filed by the Church Council

## ENGAGEMENT FORM for SPECIAL RELIGIOUS EDUCATION TEACHERS AND HELPERS

**Before completing this form,** please familiarise yourself with the  
'Partnering for SRE' guide available online at [www.childrensministry.org.au/sre](http://www.childrensministry.org.au/sre)

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

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

Preferred Name (to be printed on your authorisation card which can be used as a name badge):  
\_\_\_\_\_

ADDRESS: \_\_\_\_\_

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

EMAIL (please print clearly): \_\_\_\_\_

**WORKING WITH CHILDREN CLEARANCE** (This clearance will be verified by Uniting Church NSW&ACT)

Clearance number: WWC \_\_\_\_\_ **Date of birth:** \_\_\_\_\_ **WWCC Expiry:** \_\_\_\_\_

**SCHOOLS in which I intend to teach SRE:** (please include full name of all School/s including type of school. If necessary, attach an extra sheet)  
\_\_\_\_\_

Are you paid as an SRE teacher? Yes/No

If YES, which SRE Board are you employed by? \_\_\_\_\_

**APPROVED SRE CURRICULUM** I will teach from: \_\_\_\_\_

### **SRE Teacher/Helper Agreement:**

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

1. I agree to carry out my tasks as an SRE teacher in accordance with the principles and policies of the Uniting Church Synod of NSW and the ACT 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 commit to responding promptly to any communications from the School or the Uniting Church regarding SRE and to contact the Uniting Church SRE Coordinator, where any issue arises that I am unsure how to respond.
3. I have read and accept the principles and advice for SRE representatives as set out in the document entitled "Partnering for Special Religious Education" produced by the Uniting Mission & Education (Uniting Church in Australia, Synod of NSW and the ACT) and will carry out my tasks as an SRE representative in accordance with these principle and advice, and all conditions on this form.
4. 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.
5. I understand that my authorising agent or the Uniting Church SRE Coordinator can terminate my engagement as an SRE teacher if I fail to meet my commitments as set out on this form, or any further instructions given by the local school, the NSW Department of Education or the Uniting Church. I agree that upon termination I will cease to teach SRE and promptly deliver my Authorisation Card to my authorising agent.
6. 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.



**Not a Prohibited Person 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.

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

WITNESS Signature: \_\_\_\_\_ Date: \_\_\_\_\_

WITNESS Name: \_\_\_\_\_ WITNESS Church Position: \_\_\_\_\_

**Safe Church Awareness Training**

**Safe Church Awareness Training is a prerequisite for all SRE teachers.**

**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: \_\_\_\_\_

**SRE Teacher Basic or Accreditation Training**

As part of our commitment to the students we teach, all SRE teachers are required to engage in Basic SRE training and ongoing development and enrichment training, of at least 3-4 hours per year.

**(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 the SRE teacher basic training
- I have participated in some modules of SRE basic training (You must attach record of modules completed)
- I have other qualifications/experience relevant to SRE teaching for which I am applying for Recognition of Prior Learning **(You must attach further details).**

**In signing below, I acknowledge that I have read and understood pages 1 & 2 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: \_\_\_\_\_

Authorising Agent Name: \_\_\_\_\_ Date: \_\_\_\_\_

Authorising Agent Church Position: \_\_\_\_\_

**Original Form:** To be held confidentially in the congregation’s secure files.

**Copy 1:** Forward to the: **SRE Coordinator, Uniting Mission and Education**  
**16 Masons Drive, North Parramatta NSW 2151**  
or via email: **sre@nswact.uca.org.au**

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