

# SRE ENGAGEMENT FORM

**KEEP THE ORIGINAL in your Church Office**  
**POST A COPY TO:**  
**CCCAust (NSW)**  
**Attention: Glenn Baigent**  
**PO BOX 260, Burwood, 2134**  
**OR EMAIL: glenn@cccaustnsw.com**

## ***SPECIAL RELIGIOUS EDUCATION TEACHERS' ENGAGEMENT FORM***

Name (please print in full) .....

Home Address .....

Contact Telephone ..... Email .....

Date of Birth ..... Church .....

Authorising Elders.....

**General Conditions:**

1. I agree to carry out my task as a volunteer SRE teacher in accordance with the principles and policies of the Christian Community Churches of Australia (CCCAust) and the guidelines of the NSW Department of Education. I undertake to exercise due care for the safety and behaviour of students when teaching or supervising them.
2. I agree to carry out my tasks as an SRE teacher in accordance with the conditions on this form.
3. I wish to volunteer my services on the above basis to the CCCAust and acknowledge that I am responsible to the above named authorising elders, and their successors.
4. I acknowledge that I have:
  - Received the Teacher Authorisation Process inclusive of:
    - a. Code of Conduct Training
    - b. Working with Children Check
    - c. Child Protection Training
    - d. SRE Teacher Compliance
  - Read the Teacher Authorisation Processes and am obliged to comply with the Teacher Authorisation Processes, including any amendments made from time to time.

Please turn over

**Volunteer Undertaking**

I ..... of .....  
 (Name) (Residence)

do solemnly and sincerely declare that:

- (a) I have never been convicted for any criminal offence which involves
  - a. An act of violence towards another person
  - b. A crime against a minor
  - c. Sexual assault
  - d. Provision of prohibited drugs
- (b) I understand that I may be asked to agree to having a police check
- (c) I agree conform to the requirements of the Working With Children Checks in accordance with The Commission for Children and Young People Act, 1998 (the Act)
- (d) I understand that should I fail to meet my commitments as set out above, I could be asked to withdraw from SRE teaching and my authorisation be withdrawn.
- (e) If I am charged with any crime referred to in 3(a) or if I am under investigation by the police or officers of the Department of Community Services or the Department of Education and Training, I will notify my elders immediately.

And I make this solemn declaration, as to the matter (or matters) aforesaid, according to the law in this behalf made – and subject to the punishment by law provided for any wilfully false statement in any such declaration.

Declared at: ..... on .....  
 (Place) (Date)

.....  
 (Signature of declarant)

In the presence of an authorized witness, who states:

I, ..... a .....  
 (Name of authorised witness) (Qualification of authorised witness)

(a justice of the peace; a notary public; a solicitor or barrister with a current New South Wales or interstate practising certificate; a commissioner of the court for taking affidavits; and a person by law authorised to administer an oath.)

certify the following matters concerning the making of this statutory declaration by the person who made it: [*\* please cross out any text that does not apply*]

- 1. \*I saw the face of the person OR \*I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person had a special justification for not removing the covering, and
- 2. \*I have known the person for at least 12 months OR \*I have confirmed the person’s identity using an identification document and the document I relied on was

.....  
 (Describe identification document relied on)

..... (Signature of authorised witness) ..... (Date)

**Church Authorisation**

Name: \_\_\_\_\_ (SRE TEACHER)

Is personally known to me / us and is authorised to teach Special Religious Education on behalf of our church.

In accordance with our duty of care they have

1. Applied for and been cleared to work with children by the NSW Office of the Children's Guardian.

Clearance No: \_\_\_\_\_

Cleared until (date): \_\_\_\_\_ Date of Birth \_\_\_\_\_

The Church has Verified the WWCC Number: YES  (Attach Verification Report)

2. Completed the Accreditation Course (by CCCAust(NSW) or equivalent)

Certificate date: \_\_\_\_\_

3. Completed a Child Protection Training Course (these need to be updated yearly)

Course: \_\_\_\_\_

Certificate dated: \_\_\_\_\_

4. Agreed to undergo ongoing training to improve their classroom teaching skills.

5. Agreed to use the following curriculum:

CEP Publications: CONNECT Baptist Publications God Space **Other Course**

Please specify course and where we can link to this curriculum or please provide an outline of the teaching material so we can publish this on our web site.

We have provided a web link to the curriculum we use We have provided a detailed outline of the Curriculum 

Signed (Elder) \_\_\_\_\_ Date \_\_\_\_\_

Signed (Elder) \_\_\_\_\_ Date \_\_\_\_\_