

AUSTRALIAN CAPITAL TERRITORY WORKING WITH VULNERABLE PEOPLE REGISTRATION

This Registration Form is to be completed by all those required to complete a Working with Vulnerable People Registration because of their paid or voluntary position within the Presbyterian Church of Australia in the State of New South Wales, in the Presbytery of Canberra. For details of who is required to obtain this clearance, 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.

REQUIRED INFORMATION

Working with Vulnerable People Registration number:		Expiry:
Family name:	Given name/s:	
Previous names / aliases:		
Date of Birth:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Address:		
Suburb:	State:	Postcode:
Phone:	Email:	
Church name:		
Church location:	Position type: Volunteer <input type="checkbox"/> Non-Volunteer <input type="checkbox"/>	
Title of position or role:		

Attach an image of your WWVP card

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 Foundations Training or equivalent on ___/___/___ as required by the Presbyterian Church of Australia in the State of New South Wales. I agree that my name and WWVP number may be provided to the minister / session clerk / BTS representative of my supervising church when necessary.

Signature:	Date:
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----- CPU OFFICE USE ONLY -----

WWVP verification outcome:	Expiry date:
Date of verification:	Verified by:
	Signature: