



Church@TheGabba – PO Box 8093, Woolloongabba, Qld, 4102 – (07)38919210 – office@gabbachurch.org

APPLICATION FOR WORKING WITH CHILDREN 2020

This application is to be completed by all applicants for any positions (voluntary and paid) involving the supervision of children.

1. Personal Information:		
Full name		DOB / /
Address		
Email Address		
Phone Numbers	H:	M:
2. Activities:		
What types of activities are you interested in being involved in?		
Are you available for the full year?	Yes / No	
Length of commitment (if not for full year)?		
3. Church involvement:		
Length of attendance at church?		
Are you a member of this church?	Yes / No	
Name all churches you have attended or been involved in during the past 5 years.	1. _____ 2. _____ 3. _____	
List all previous involvement in the church involving children (identify which church next to the type of work).		
List any gifts, training, qualifications or any other facts that have prepared you for working with children.		
4. Overseas status:		
Have you lived or worked overseas for more than 12 months in the past 5 years?	Y / N	Where?
Do you consent to a criminal history check in these countries?	Y / N	
5. Referees (2 required- at least one from the church):		
Name (first referee)		
Address		

Phone	H:	M:
Name (second referee)		
Address		
Phone	H:	M:
6. Blue Card information:		
Do you have a current Blue Card?	Yes / No	Date expires / / 20
If yes have you attached a photocopy of the card?	Yes / No <i>*Must also hand original to leader. Have them initial here to confirm sighting. _____</i>	
If no have you completed a Blue Card application and attached it to this application?	Yes / No <i>*Please note you MUST complete an application to be considered or accepted in any positions involving children.</i>	
Has your Blue Card ever been suspended for any reason?	Yes / No	
7. Medical Information		
Medicare number		
Private health provider	(if applicable)	
Allergies (if any)		
Past operations / medical conditions		
Current medical conditions		
Are you currently on any medication?	Yes / No	Details:
8. Applicant's Statement		
<p>The information contained in this application is correct to the best of my knowledge. I authorise any churches listed in this application to give you any information they may have regarding my character and fitness for working with children. I release all such referees from liability for any damage that may result from providing such evaluations to you, and I waive any right that I may have to inspect references provided on my behalf. Should my application be accepted, I agree to be bound by the Constitution and by-laws and policies of Queensland Baptists and my individual church and refrain from unscriptural conduct in the performance of my services on behalf of the church.</p> <p>I have read and agree to abide by the following:</p> <p><input type="checkbox"/> Staff Code of Conduct; and</p> <p><input type="checkbox"/> Risk Management Strategy.</p>		
Signed (applicant)		Date / / 20
Signed (witness)		Date / / 20

Office Use Only		
I confirm that I have completed the following in relation to the applicant:	<input type="checkbox"/> Sighted the original Blue Card. <input type="checkbox"/> Confirmed the expiration date on the original Blue Card. <input type="checkbox"/> Forwarded the Blue Card application (if applicable to Children's Commission). <input type="checkbox"/> Forwarded the overseas criminal check to relevant authority (if applicable). <input type="checkbox"/> Contacted the referees and churches and completed the 'record of references check'.	
	Details of person:	Signed _____ Date / /
	Full name _____	