

APPLICATION: WA DISASTER RECOVERY CHAPLAINCY NETWORK

To be filled in by applicant. Acceptance requires nomination by faith/denomination overseer eg. Bishop or Presbytery Officer

Title:	
Full Name:	
Preferred Name:	
Date of Birth:	
Working with Children Check number: Expiry date:	

Street address:	
Suburb:	
Post Code:	
Mailing address if different from above:	
Email address:	
Business Phone:	
Mobile Phone:	
After Hours Phone:	
Fax:	
Faith Affiliation / Church Membership:	
Contact Person (eg. spouse) in case of emergency and number	

Basic Course Requested

(please mark course)

- APRIL 2-4 – Noranda WA**

NB. The three-day Basic Training Courses are open to clergy (or equivalent) and those employed in institutional commissioned chaplaincies (such as gaols, hospitals and schools).



- What value do you see in such initiatives for the community at large?

- Do you have any issues in working with and beside people of other faiths?
No / Yes [please elaborate]

- List any medical conditions that may impact on your ability to respond quickly, or to respond out of area and /or serve for several days.

- Do you have any special dietary requirements? If so, please specify (eg. Diabetic, Lactose Intolerant, Coeliac, allergies etc.).

- Do you need accommodation (if living in different town to training?)

- Do you speak any languages other than English? If so, please list them.

TERMS OF COMMITMENT

**Please read the following carefully.
In signing this application form, I am agreeing to the following:**

In undergoing disaster recovery training:

- *I will abide by the attached 'Code of Ethics and Guiding Principles'.*
- *I accept the privacy statement printed below.*

If I am accredited as a chaplain within the WA Disaster Recovery Chaplaincy Network:

- *Accreditation brings with it an expectation that I will become an operational member of the Disaster Recovery Chaplaincy Team and may be called on to attend in the Recovery Phase at a scene of major trauma or disaster.*
- *I understand that the Disaster Recovery Chaplaincy Network is not an incorporated body or a business/commercial entity. Therefore, chaplains remain under the insurance/compensation provisions of their church/employing body. [Chaplains who have questions regarding these provisions should direct them to the person responsible in their own faith body administration section.]*
- *I give my permission for my contact details to be added to a database and shared with all DRCN chaplains.*

Name:	Signed:	Date:
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This form is to be returned to:

The General Secretary – Ms Simone Micke
Council of Churches WA
79 Camboon Road
NORANDA WA 6062

OR

Email simone.micke@churcheswa.org.au

CLOSING DATE FOR APPLICATIONS IS TWO WEEKS PRIOR TO COURSE

Privacy Statement

The personal details and information provided in this application is solely for the purposes of the selection and support of applicants to this government sponsored initiative. It will not be provided to any Third Party.

The information will only be accessed by the Co-ordinator of the program and the 'faith'/'church' member responsible for the applicant's supervision and care.

You can request access to your personal information in this application by contacting the Co-ordinator.

For Office Use Only.
