



**DIOCESE OF WAGGA WAGGA**  
*Confraternity of Christian Doctrine*  
**SPECIAL RELIGIOUS EDUCATION (SRE)**  
**UNDER 18 DECLARATION FORM**

**Student Information**

**Name:**

\_\_\_\_\_

*First Name*

\_\_\_\_\_

*SURNAME*

\_\_\_\_\_

*Date Of birth*

\_\_\_\_\_

*Preferred name to be used on name tag*

\_\_\_\_\_

*Preferred name for certificates*

**Address:**

\_\_\_\_\_

*No*

\_\_\_\_\_

*Street*

\_\_\_\_\_

*SUBURB*

\_\_\_\_\_

*Postcode*

**PO Box: (if applicable)**

\_\_\_\_\_

*No*

\_\_\_\_\_

*SUBURB*

\_\_\_\_\_

*Postcode*

**Home Tel:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_ **Email:** \_\_\_\_\_

\*If you provide an email address you will receive information directly about training and other SRE matters

Your daughter/son has expressed interest in participating in the work of the Confraternity of Christian Doctrine in the Catholic Diocese of Wagga Wagga. She/he has completed the student training course to enable them to participate in this ministry. This will involve your daughter/son teaching Special Religious Education in a local State Primary School as organised by the local Catholic Church Parish in cooperation with the Catholic Secondary School. Student Catechists will participate with Adult Catechists from the local Parish at schools on scheduled dates/ times agreed with by the Secondary School. This may involve students being transported to and from the venues by Parish volunteers, all of whom have Working With Children Check clearance, received child protection training and clearance from the Catholic Diocese of Wagga Wagga. Please indicate below permission for your daughter/son to participate in the program.

**I give permission for my daughter/son (named above), to participate in the teaching of Special Religious Education as a Student Catechist in Local State Primary Schools under the supervision of local Parish Church Volunteers and understand that this may involve my daughter/son being transported to and from the venue by these supervisors.**

\_\_\_\_\_

**Parent / Guardian Name**

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Date**

**SUITABILITY TO WORK WITH CHILDREN** (*Student to complete*)

- Have you ever been the subject of an Apprehended Violence Order, taken out by a Public official or Police Officer to protect a child or children under 18 years of age Yes  No
- Have you been notified to the NSW Children's Advocate or Office of the Children's Guardian regarding a relevant employment proceeding (in either paid or voluntary employment) that would be considered when determining your suitability for child-related employment? Yes  No
- Have you been placed on a list of persons prohibited from being engaged in DoE schools? Yes  No
- Have you ever been charged or found guilty of a criminal offence which would impact your "suitability to work with children"? Yes  No

**Working With Children Check (WWCC) Number**

- I understand that I am able to apply for a WWCC number 3 months prior to my 18<sup>th</sup> birthday. I understand that I need to apply for a WWCC number and provide a copy of the clearance letter to the Diocesan Catechist Coordinator **BEFORE** my 18<sup>th</sup> birthday in order to keep my authorisation.

**Volunteer's Signature:** \_\_\_\_\_ **Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**RECORD KEEPING**

**Original- Please POST hardcopy of original to  
Mr Trevor Dal Broi (Ph:0407 537 994) Catechist Coordinator  
PO BOX 8128 GRIFFITH EAST NSW 2680  
Copy: Retained by Volunteer**