



## SRE ENGAGEMENT FORM

Name:							
Postal Address:							
Contact Number:				Email:			
Senior Minister:				SRE Coordinator:			
Schools in which applicant is authorised to teach:							
Volunteer SRE Teacher: <input type="checkbox"/>		SRE Helper Only: <input type="checkbox"/>		Employed High School SRE Teacher: <input type="checkbox"/>			
Accreditation or RPL	Module 1: <input type="checkbox"/>	Module 2: <input type="checkbox"/>	Module 3: <input type="checkbox"/>	Module 4: <input type="checkbox"/>	Module 5: <input type="checkbox"/>	Module 7: <input type="checkbox"/>	

Module 6 is the Classroom Observation that needs to be completed annually.

### Commitment

1. I understand that SRE is governed by the DEC (NSW Department of Education and Communities) and I commit to teaching SRE subject to the NSW legislation, the guidelines of the DEC, and the policies of the school.
2. I recognise the Anglican Diocese of Armidale is the authorised provider for SRE; the Bishop is the authorised representative of the Diocese and the authorising of SRE teachers is delegated by the Bishop to the Vicar of the local parish.
3. I accept my authorisation to teach SRE is subject to the ongoing approval of the authorising vicar. This approval can be rescinded at the discretion of the authorising vicar.
4. I undertake to exercise due care for the safety and behaviour of students when teaching or supervising students.
5. I agree to use the authorised curriculum of the Anglican Diocese of Armidale and recognise that the teaching given to students in the SRE classroom must at all times be consistent with the authorised curriculum.
6. I agree to complete accreditation and other training as required by the Anglican Diocese of Armidale; including being observed teaching one lesson annually. An SRE helper does not need to complete accreditation training.
7. I have completed Safe Ministry Training in accordance with the requirements of the Anglican Diocese of Armidale.
8. I have received a Working with Children Check number and I have not been convicted for a crime against a minor, violence, assault or providing prohibited drugs.
9. I have completed a Safe Ministry Check for volunteers and am submitting it with this form.

Applicants Signature: \_\_\_\_\_

Authorising Vicar: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**Record Keeping:** This form is to be stored securely by the Parish and accessed only by the Vicar or his delegate