



Dear Parents and Caregivers

An update from the Parents and Friends Committee (P&F)

Thank you to the community for your support with P&F activities in 2021. COVID has made things slightly more difficult than usual, but it is great we were able to re-establish some SJMS traditions during the year.

As we are coming to the end of the school year, the P&F have started to put a plan together for 2022. Please update your calendars with the following:

Jan 31	New Parents Coffee Morning
Feb 26	SJMS Welcome Evening
April 2	SJMS Fun Run
May 4	Mother's Day Stalls
May 6	Mother's Day Morning Tea
July 2	SJMS Quiz Night (subject to availability of venue)
Aug 31	Father's Day Stalls
Sept 2	Father's Day Morning Tea
Sept 23	SJMS Disco

If you would like to help with any of these events, please consider joining the P&F committee. Whether you would like to coordinate an event, organise a lunch order, or just be an extra pair of hands, any help is always appreciated.

We are also looking for year level reps for 2022 to organise social events within the year level. Please send the P&F an email if you are interested. We hope to arrange the year level reps before the end of Term 4.

On Friday December 3, all who are interested in helping with the P&F or being a year level rep are welcome to join in for a coffee morning at the High St Café (4 High St, Kensington, next to Mary MacKillop Museum) at 9am. Please RSVP to pandf@sjms.catholic.edu.au.

We look forward to seeing members of the SJMS community on Friday 3 December!

Charlotte Hutchesson

SJMS P&F Committee

pandf@sjms.catholic.edu.au

It is important to note that to volunteer in any way at SJMS, you are required to:

1. Complete RAN training
https://online.cesa.catholic.edu.au/docushare/dsweb/Get/Document-29675/20190215_updated+RAN-EC+registration+help+for+volunteers_TA.pdf
2. Return the CESA Volunteer Application
https://www.sjms.catholic.edu.au/files/d/19570/CESA_Volunteer_Application_Package.pdf
3. Have a current Catholic Police Clearance
https://www.sjms.catholic.edu.au/files/d/16752/INITIATION_REQUEST_SMART_FORM_CAA_SAVA_Final.pdf

To fulfill these requirements, please see the documents attached to this letter or use the links. Please take the time to complete these requirements before the end of the year.

Responding to Abuse and Neglect - Education and Care (RAN-EC) online course for volunteers – registration help

What you need before you start

- A current individual email address.
- A computer or mobile with an internet connection.
- A recent web browser, like Google Chrome (50 or later), Internet Explorer (10 or later), or Firefox.

If you don't have access to a computer ask your site leader for help.

Register for a plink volunteer account

- Go to the website: <https://www.plink.sa.edu.au/pages/signup.jsf>
- Fill in your details:
 - in the field "Select Account type" select **Volunteer**



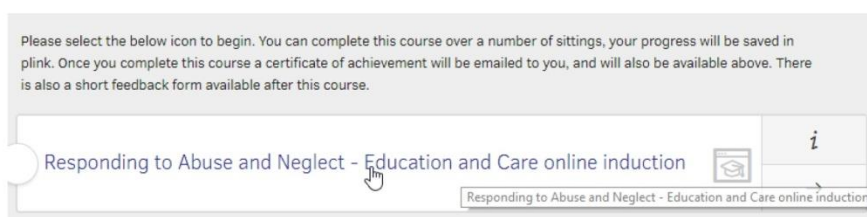
- enter your email address (this will be your plink username), choose a password, and type in your name
- Select "I accept the terms of use and code of ethics"
- Select "Create Account"

Start the training

- Select the course "Responding to Abuse and Neglect-Education and Care online course for volunteers"



- Select "Register"
- Select "Register" again
- Select the course title icon to begin



Please contact Help Desk on 8301 6600 (ask for RAN-EC Help Desk) for further assistance.

CESA Volunteer Application Package

To be considered for a volunteer role in any capacity in CESA, you must complete all parts of this Declaration, including by providing additional, supporting information and documentation where a "Yes" response has been recorded. You will not be considered unless you complete the Declaration and provide comprehensive and complete information as necessary. If you have any questions about the Declaration, please contact your school or CEO (Human Resources Team on 8301 6853).

PERSONAL DETAILS

SURNAME: _____ **Dr / Mr / Mrs / Ms / Other** _____
GIVEN NAMES: _____
DATE OF BIRTH: (optional) _____ *please ensure your FULL name is included*
TELEPHONE: **HOME:** _____ **MOBILE:** _____
EMAIL: _____

MEDICAL / EMERGENCY INFORMATION

Do you have any psychological or medical conditions that might affect your ability to volunteer? Or anything we need to know in case of an emergency? eg diabetes, severe food allergy, asthma, epilepsy. If yes, please detail below.

Yes ☐ No ☐

Are you aware of any medical condition that you have that could result in a medical emergency?

Yes ☐ No ☐

If yes, Please provide details of possible emergency and how to recognise it.

Known emergency treatment:

EMERGENCY CONTACT NAME: _____ **EMERGENCY CONTACT NUMBER:** _____

MEDICAL CONSENT

In case of an emergency, and in the event that I am unable to give consent at the time, I give the School permission to use their judgement in obtaining any medical attention which they may consider necessary.

SIGNATURE OF VOLUNTEER: _____ **DATE:** _____

CHILD PROTECTION AND PRIVACY

Volunteers play an important role in the education of children and young people in partnership with the staff of Catholic schools. Catholic schools must only engage volunteers who are appropriate, suitably skilled, trained and/or qualified to work with children and young people.

School / College is committed to providing the highest possible level of safety and care for students and staff, including volunteers. An integral aspect of this is to ensure that all adults who have access to children and young people during the course of school activities pose no threat to the emotional and physical wellbeing of students. Volunteers are required to complete 'Responding to Abuse and Neglect - Education & Care' training for volunteers. Our **School / College** also requires all volunteers to obtain and hold a valid and current Child-Related Employment Screening Clearance.

Upon receipt of an individual's Volunteer Application, the Principal or their delegate will forward relevant screening information to the Catholic Education Office for processing. All other information that relates to the privacy of individuals will be held at the **School / College** in a secure place and only accessed by the Principal or their delegate.

SCREENING

I understand that in order to volunteer within CESA, a range of screening procedures, including holding a valid and current Child-Related Employment Screening Clearance, are required for all long term volunteers. I understand that I will not be able to commence volunteering until clearances have been received?

Yes ☐ No ☐

DECLARATION

- I agree to take all reasonable steps to protect my own health and safety and that of others while on school property and/or while undertaking duties for the school.
- I agree to keep confidential any personal or sensitive information of which I become aware through my involvement with the school.
- I declare that I have answered this form truthfully. I understand that any false or misleading information I provide will result in me not being considered for volunteer work or may result in the termination of my services.
- I have received a Volunteer Induction Pack including the 'Responding to Abuse and Neglect - Education & Care' Volunteer Handbook, and the Volunteer Details, Declaration and Induction Checklist, and Work Health and Safety information for volunteering at the school. I have read and understood the contents and sought and received adequate explanation for any queries I have had.
- I acknowledge that this completed form will be kept on file at the school.

Signed: _____ Date: _____

PERSONAL REFEREES

The **School / College** may wish to contact referees who know you and are able to attest to your good character. Referees should include professional referees (eg. previous or current employer, doctor, lawyer, JP, teacher etc)

Referee 1: (if referee is a staff member at the school, please state name and position)

Name:

Organisation:

Position / Role:

Address:

Telephone Number:

Mobile Phone:

How do you know this person?

☐ Friend ☐ Relative ☐ Employer ☐ Volunteer Coordinator ☐ Other (please specify)

Referee 2: (if referee is a staff member at the school, please state name and position)

Name:

Organisation:

Position / role:

Address:

Telephone Number:

Mobile Phone:

How do you know this person?

☐ Friend ☐ Relative ☐ Employer ☐ Volunteer Coordinator ☐ Other (please specify)

PERSONAL INFORMATION

Are you a parent or guardian of a child at this location?

Yes ☐ No ☐

Please give detail:

VOLUNTEER IDENTIFICATION

Type of identification: (eg. birth certificate, current passport, driver's licence, marriage certificate, or other for any changes of name)

ID number: _____

If volunteering as a driver, driver's licence number, car registration & third party insurance, as applicable (please provide)

If Work Experience Student:

Has a letter from the student's Principal attesting to their character and suitability to undertake work experience been received?

Date: _____ Yes ☐ No ☐

INVOLVEMENT

Availability: What days and times would you like to volunteer?

Tell us about yourself: List a few things that you can contribute to your role as a volunteer eg mentoring, gardening, storytelling, administration, sport etc.

Please indicate in which area(s) you would like to volunteer eg classroom, sport, cleaning, excursions

Please give details of your experience or other relevant information relating to the area(s) of involvement

OFFICE USE ONLY

Original Proof of ID sighted ☐

File created and stored securely and confidentially ☐

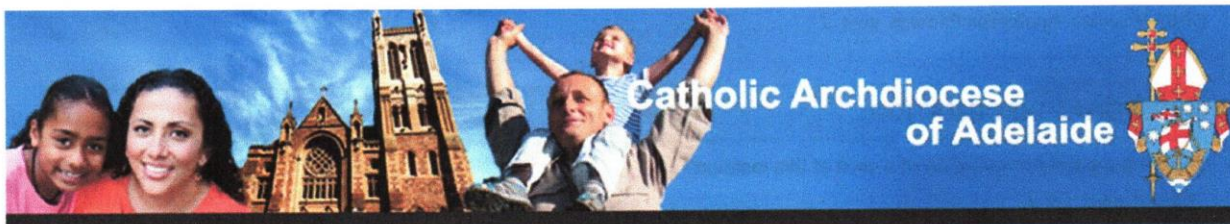
Original TRB or DCSI Clearance ☐

Principal signature:
(or delegate) _____

Date: _____

The information you provide will be treated sensitively and confidentiality according to the [State Records Act 1997](#) and the [Information Privacy Principles Instruction](#).

Please provide this completed form and declaration to the **centre, preschool or School/College** you want to volunteer at. They may contact you and organise a time for an interview or an informal conversation.



Screening & Verification Authority Initiation Check Request Form



Phone enquiries (08) 8210 8150

Email receptionsava@adelaide.catholic.org.au

It is the policy and practice of the Catholic Archdiocese of Adelaide that individuals who have a responsibility through their role within the Archdiocese in either a paid or voluntary capacity, are required to undergo a Department of Human Services (DHS) Working with Children screening which is processed through the Archdiocesan Screening and Verification Authority (SAVA). This screening is used as part of the assessment process to determine a person's suitability for employment or volunteering within the Archdiocese or its affiliated organisations.

Note: It is important to be aware that volunteers who provide occasional service may or may not be subject to this screening requirement. Determination around this is dependent upon the type of role, frequency of service provision and level of supervision applied. Locations should refer to their Screening and Verification Guidelines.

LODGE MENT—SAVA undertakes direct lodgment of applications and monitors the ongoing status of checks direct with DHS on behalf of all the Archdiocesan locations.

Authorised personnel at the locations are required to verify identification and ensure that **all details requested on the form are provided and writing is legible**. This form must then be forwarded by the location where the service is to be provided direct to the Screening & Verification Authority.

FINALISATION OF OUTCOME—Upon completion of processing, individuals will be provided with notification from DHS and if clearance is granted, a SAVA Catholic Clearance Card will be issued. There is no cost to individuals for checks conducted through SAVA via this form.

Standard processing time will be approximately 30 days, however in more complex cases processing can take up to 12 weeks.

Applicant details *all details must be provided* **** Please ensure that the individual's legal name is provided in this section ****

First Name	<input type="text"/>																			
Last Name	<input type="text"/>																			
Date of Birth	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact Phone #	<input type="text"/>																			
Email address	<input type="text"/>																			
	<input type="text"/>																			

Current postal address *all details must be provided*

Number/Street	<input type="text"/>															or PO Box	<input type="text"/>						
Suburb	<input type="text"/>															State	<input type="text"/>	<input type="text"/>	Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Location & role details *all details must be provided*

Employee	<input type="checkbox"/>	Clergy/Religious	<input type="checkbox"/>	Volunteer	<input type="checkbox"/>	Contractor	<input type="checkbox"/>
Proposed Start Date <i>(if new to location)</i>	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>
	OR Continuation of Service						<input type="checkbox"/>
							<i>(tick only)</i>
Location	<input type="text"/>						
<i>(Location Where Service is to be provided – E.g. Adelaide Cathedral Parish, Rosary School, and Centacare Adelaide etc.)</i>							
Role Description	<input type="text"/>						
<i>(What role will the individual undertake at your location?)</i>							

Nominated Authorising Person (NAP) – Verification details *all details must be provided*

Full Name	<input type="text"/>																				
Date	<input type="text"/>					Signature	<input type="text"/>														

100 POINT Identification check

Please ☒ Tick selected choices

Proof of identity must be presented prior to processing of this check. The NAP at the location must view the **ORIGINAL** identity documents or certified true copies (listed in Schedule 2 Statutory Declarations Regulations 1993). The documents must total **100 points** and **must include identification which contains a photograph**.

Change of Name – If the name used to apply for the check is different from that shown on any of the Applicant's personal identity documents, they must provide evidence of name change (e.g. Marriage/Change of Name Certificates from Government Births, Deaths, Marriages or Divorce papers issued by Family Court. These documents DO NOT count towards the 100-points.

Category	Type of document	Value	Points
Category A (70 points) Only one document from this category will be accepted	<input type="checkbox"/> Birth Certificate or extract Full Name on document <input type="checkbox"/> Australian Citizenship Certificate Full Name on document <input type="checkbox"/> Current International Travel document (e.g. passport) Full Name on document Expiry Date <input type="checkbox"/> United Nations refugee visa or similar, authorising national travel Full Name on document	70	
Category B (40 points for initial document. Subsequent documents are worth 25 points)	<input type="checkbox"/> Australian Driver's Licence or Permit Full Name on document Expiry Date <input type="checkbox"/> Department of Veteran's Affairs (DVA) card <input type="checkbox"/> Centrelink pensioner <input type="checkbox"/> Health Care Card <input type="checkbox"/> Government Employee Identification Card <input type="checkbox"/> Tertiary Student Identification Card <input type="checkbox"/> Secondary Student Identification Card <input type="checkbox"/> Medical practitioner reference (only if applicant is known to the Doctor for at least a year)	40 or 25	
Category C (25 points) If more than 1 document from this category is used, they must be from different organisations	<input type="checkbox"/> Seniors <input type="checkbox"/> Medicare <input type="checkbox"/> Private Health Care Card <input type="checkbox"/> Council Rates <input type="checkbox"/> Property Insurance Papers <input type="checkbox"/> Proof of Age Card <input type="checkbox"/> International Drivers Licence <input type="checkbox"/> Bank or Credit Card <input type="checkbox"/> Utility Bills (Telephone, Gas, Electricity or Water) <input type="checkbox"/> Tax Notice <input type="checkbox"/> Superannuation Statements <input type="checkbox"/> Motor Vehicle Registration <input type="checkbox"/> Insurance Papers <input type="checkbox"/> Rental Property Lease Agreement <input type="checkbox"/> Electoral Roll Registration <input type="checkbox"/> Professional or Trade Association Card	25	
<ul style="list-style-type: none"> Copies of identification documents <u>must not be taken</u> and retained at the location or forwarded to SAVA. 	<ul style="list-style-type: none"> This form (front & back) MUST be fully completed & clearly identify which identity documents were presented and verified at the location. In the event that this form does not identify that 100 points of identification has been sited at the location, this form will be returned to enable further identification documents to be sought. 	TOTAL	