The Nomination Form must be completed and resubmitted annually and updated if personal details change.

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**VOLUNTEERS AND VISITORS IN SCHOOLS procedure**

**NOMINATION FORM**

**Document No. [00023/12] Published 22/02/2022**

Any questions should be directed to the Principal.

### Nomination Form

### Part 1 - Required Information

**INFORMATION PRIVACY STATEMENT**

This personal information is collected because the Education Directorate and schools must meet the requirements of the [*Working with Vulnerable People (Background Checking) Act 2011*](https://www.legislation.act.gov.au/a/2011-44/)for a volunteer or visitor to be registered under this Act to work with children and young people.

This information is also needed to assist the Directorate and schools meet duty of care responsibilities and to manage volunteer and visitor activities.

We will not use or disclose this information for another purpose without your consent, unless you would reasonably expect us to use or disclose the information for a related purpose, and unless it is required or authorised by law.

### A – Personal information

|  |  |
| --- | --- |
| Name: |  |
| Date of birth: |  |
| Contact address (street, suburb, state and postcode): |  |
| Contact details (phone, email): |  |
| Emergency contact details (include phone number): |  |
| If you are volunteering or visiting as part of an organisation, please provide its name and a contact number: |  |

### B – Reason for volunteering or visiting

The reason for nominating as a volunteer or visitor is to assist with or deliver identified activities or programs. Please note these programs and relevant date/s below.

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Program/activity | Qualifications (if applicable) | Qualifications sighted by |
|  |  |  |  |
|  |  |  |  |

### C - Working with Vulnerable People (WWVP) Registration status

### All volunteers and visitors must complete one only of sections C(1) – C(3).

|  |
| --- |
| C(1) WWVP registered |
| I have a valid WWVP card and will have it in my possession at all times whilst on the school campus and will show it on request to any responsible person. | 🗌 |
| Card Number: |  |
| Expiry date of card: |  ……/……./20……. |
| Visitor’s/Volunteer’s Signature: |  |
| Card sighted by: |  |
| Date: | ……/……./20……. |
| C(2) WWVP registration applied for but not yet issued |
| I do not have yet have a WWVP card. I have applied for registration and my application is current but the card has not yet been issued. I understand that until my WWVP card is issued I will have to be supervised by a school staff member at all times, and that when my card is received I must have it sighted and recorded by a representative of the principal – see Section C(1). | 🗌 |
| Date card applied for: |  ……/……./20……. |
| Visitor’s/Volunteer’s signature: |  |
| Visitor’s/Volunteer’s identification: Visitor’s/Volunteer’s identification sighted by: |  |
| Date: | ……/……./20……. |
| C(3) WWVP registration not required |
| I am NOT required to carry a WWVP card; however, I understand that I will be required to declare, at every visit, that I have not visited or volunteered at this or any other school in the ACT for a total of more than three days in the past 28 days, or seven days in the past 12 months, noting that a day includes part of a day.There are no serious convictions, circumstances or reasons that might preclude me from working with or near children and young people under 18 years of age.If the number of visits is expected to exceed the statutory thresholds specified, I will apply for a WWVP card and provide details in accordance with Section C(1) when the card is issued. | 🗌 |
| Visitor’s/Volunteer’s signature: |  |
| Visitor’s/Volunteer’s Identification sighted by: |  |
| Date: | ……/……./20……. |

### Part 2: Certifications

 **INFORMATION PRIVACY STATEMENT**

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This information is also needed to assist the Directorate and schools meet duty of care responsibilities and to manage volunteer and visitor activities.

We will not use or disclose this information for another purpose without your consent, unless you would reasonably expect us to use or disclose the information for a related purpose, and unless it is required or authorised by law.

Please tick boxes where appropriate (*Note: all boxes must be ticked before a volunteer or visitor nomination can be considered by the principal*):

|  |  |
| --- | --- |
| I have read the *General Information* section of this document | 🗌 |
| I have read and signed/agree to continue to abide by the *Code of Conduct* | 🗌 |
| I have read the *Insurance Arrangements*  | 🗌 |
| I understand that I need to sign-in at the start time and sign-out at the finish time of each visit to the school as a volunteer or visitor  | 🗌 |
| I understand that I need to report any incidents or injuries to the principal or supervising staff member | 🗌 |
| I understand if I am claiming an exemption of limited frequency under the *Working with Vulnerable People (Background Checking) Act 2011*, thatI need to declare at each visit that I have not exceeded the statutory number of visits per month or per year. | 🗌 |
| I understand that I must be supervised by a school staff member at all times if I have applied for a WWVP card but it has not yet been issued, or if I am under 18 years of age. | 🗌 |
| I am aware that I may have access to sensitive and/or personal information about students, parents/carers or staff, as part of volunteer/visitor activities. I agree to comply with confidentiality requirements and will not disclose or discuss any information of this nature with an unauthorised person. Any sensitive matter should be directed to an appropriate school staff member. | 🗌 |
| I am aware that the principal at the school should be made aware of any health or medical issues that I have which might affect my capacity to undertake visiting or volunteering activities. I understand that this is to ensure that duty of care obligations to volunteers under work health and safety legislation are met and so that I am not placed in a situation in which any health issues I have could result in avoidable risk to myself and others. I will advise the principal if I have any physical condition, disability, allergy, past injury, medication or medical treatment which could affect me in my capacity as a volunteer or visitor. | 🗌 |
| I am aware that the identification card issued by the school or Directorate must be worn and prominently displayed during the period of my visit, and that a school-issued identification card must be returned at the end of my visit each day. | 🗌 |
| I certify that the information provided by me in this nomination form is true and correct to the best of my knowledge. | 🗌 |
|  |  |
| Signature |  | Printed Name |  | Date |  |