**LAY WORKER DETAILS FORM**

*(This information is collected for HR and CWS purposes only and will be stored under secure conditions. It will not be distributed without the consent of the lay worker.)*

New Amendment

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| **Personal Details** | | | | | | | | | | | | | | | | |
| **Title** | **Mr /  Mrs /  Miss /  Ms /**  **Other:** | | | | | | | | | | **Surname** | | | |  | |
| **First Name** |  | | | | | | | **Other Name(s)**  *(if applicable)* | | | | | | |  | |
| **Address** |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Postcode** | |  | | | | | | | | | | | | | |
| **Is this different from your postal address?** | | | | | | | | | | **Y /  N** *If yes, please specify postal address below…* | | | | | | |
| **Postal Address** |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Postcode** | |  | | | | | | | | | | | | | |
| **Date of birth** |  | | | | | | **Place of Birth**  *(i.e. suburb and state)* | | | | | | |  | | |
| **Gender** | **M /  F** | | | | | | **Marital Status** | | | | | | |  | | |
| **Contact Details** | | | | **Mobile Number** | | | | | | | | | |  | | |
| **Home Number** | | | | | | | | | | ( ) | | |
| **Personal Email** | | | | | | | | | |  | | |
| **Salary Banking Details**  *If you have any split accounts or individual salary packaging requirements, please notify the HR Support Officer.* | | | | | | | **Account Name** | | | | | | |  | | |
| **BSB Number** | | | | | | |  | | |
| **Account Number** | | | | | | |  | | |
| **Bank Name** | | | | | | |  | | |
| **Superannuation Details**  *Please attach a copy of your super member details.* | | | | | | | **Super Fund** | | | | | | |  | | |
| **Member Number** | | | | | | |  | | |
| **Are there any medical conditions\* you wish to disclose?** *\*optional* | | | | | | | **Y /  N** | | | | | | | **Additional comments:** | | |
| **Home congregation** | | | | | | |  | | | | | | | | | |
| **Emergency Contact / Next of Kin** | | | | | | | | | | | | | | | | |
| **Name** | |  | | | | | | | | | | | | | | |
| **Relationship** | |  | | | | | **DOB** | | | | | | |  | | |
| **Contact Details** | | | | | | | **Mobile Number** | | | | | | |  | | |
| **Work Number** | | | | | | | ( ) | | |
| **Is this person your Next of Kin?** | | | | | | | **Y /  N** | | | | | | | | | |
| **If No, please provide Next of Kin details for emergency purposes** | | | | | | | **Name** | | | | | | |  | | |
| **Relationship** | | | | | | |  | | |
| **Contact Number** | | | | | | |  | | |
| **Do you have dependants living with you?**  *If Yes, please provide details (name, date of birth and gender)* | | | | | | | **Y /  N** | | | | | | | | | |
| **Education / Training** | | | | | | | | | | | | | | | | |
| **Do you hold a First Aid Certificate?**  *Please provide a copy of this for your file.* | | | | | | | **Y/  N** | | | | | | | **If Yes, are you willing to be a first aid officer?** | | **Y /  N** |
| **If No, are you prepared to obtain one if the need arises?** | | **Y /  N** |
| **Issue Date** | | | | | | |  | | |
| **Expiry Date** | | | | | | |  | | |
| **Organisation** | | | | | | |  | | |
| **Other Work-related Certifications**  *Please provide a copy for your file. (LCA Professional Standards Training, or equivalent incl ChildSafe SP3, Safeguarding Children, Reporting Abuse and Neglect…) and Congregational Leadership Training)* | | | | |  | | | | | | | | | | | |
| **Other Work-related Memberships**  *(i.e. Boards, Programs, Committees)* | | | | |  | | | | | | | | | | | |
| **Do you hold a current background screening Check?** *(eg. Working with Children type Check, National Police Certificate or equivalent, - as defined in your role description, and or as appropriate for your state)*  *(If you hold multiple checks, please list all applicable)* | | | | | | | | | | | | | **☐ Y / ☐ N**  **Type of check:**  **Date of Issue:** | | | |
| **Please attach a photo of yourself, when returning via email, for use on LAMP2, our office display, and other LCA presentations.** | | | | | | | | | | | | | | | | |
| **Privacy Declaration** | | | | | | | | | | | | | | | | |
| **Current Installation Date** | |  | | | | **Position Title** | | | | | |  | | | | |
| **I, , Lay Worker Member of the Lutheran Church of Australia (the Church) agree that the Church may use my personal and sensitive information for the purposes of communication and the provision of Human Resources services and for any purpose permitted by the LCA Privacy Policy 2015 and the provisions of the Privacy Act (Cth) 1988 or the Privacy Act (NZ) 2003.**  **I agree to undertake my best endeavours to ensure that my information is up to date.**  **I agree to use the personal and sensitive information of people who engage with the Church, and to which I may have access, for the purposes of the life of the Church and in accordance with the LCA Standards of Ethical Behaviour, the LCA Prevention of Abuse and Harassment Policy, the LCA ICT Policy and such other LCA Policies which may be developed from time to time.** | | | | | | | | | | | | | | | | |
| **…………………………………………………..**  **Signature**  **…………………………………………………..**  **Date** | | | | | | | | | **…………………………………………….…….**  **Name** | | | | | | | |
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| Employer / HR Use Only | | | |
| Lay Worker File |  | Induction Action |  |
| HRS Base Details Updated |  | First Aid File |  |

**Application to be on the Roll of Lay Workers**

The Office of the Bishop maintains a Roll of all Lay Workers currently installed into a defined ministry position by a congregation or agency of the LCA. The position may be a paid one, or occupied on a voluntary basis.

**Prerequisites for listing on the Roll of Lay Workers**

Ministry is varied and takes many forms: Chaplaincy, school ministry, church planting, community care, congregation support etc. New Lay Ministry roles may require new approaches and different skills, but generally, to be eligible for inclusion on the roll, the Lay Worker and the Employer/Calling Body will be working towards having the following items in place:

• a written position description which includes a definition of the ministry, ministry goals, and the specific responsibilities of the position (to establish clear vision, accountability and purpose)

• a signed employment agreement or a volunteer covenant agreement (to provide fair employment conditions that are transparent)

• a public installation into their position (to publicly affirm the position in the community)

• a commitment to identify and undertake training to further develop skills and / or working towards accreditation (to grow the position and the person in skills and ministry)

• be a practising member of the LCA (unless an exception has been granted by the District Bishop)

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| **Name of Lay Worker** |  |
| **Employing Body** |  |
| **Date Service Commenced** |  |
| **Position Title** |  |
| **Specific Areas of Ministry** | |

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| --- | --- |
| **Recommendation of Employing Body**  **We, [insert employing body name], recommend/do not recommend that [insert lay worker name] be included on the Roll of Lay Workers of the LCA.** | |
| **Signed by:** |  |
| **Pastor:** | **Supervising Committee:** |
| **Date:** | |

Church Worker Support Department and/or the LCA HRS Department will maintain a personal file on each lay worker on the Roll. The file may contain:

• Personal details

• Position description

• Employment agreement or volunteer covenant

• Employment history

If you have any questions regarding completing this form, contact: [churchworkersupport@lca.org.au](mailto:churchworkersupport@lca.org.au)