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**Name:** Registration Pack

**Applies to:** Volunteers, Visitors & Contractors ontracl31.011 T28rs ontracl31.019

**Date:**





### Section 1: Personal Contact Details

Title:

Full Name:

Residential Address:

Postal Address:  Same as Above

Email Address:

Contact Phone Number:

Drivers Licence #:

### Section 2: Additional Information

Do you currently have a family member attending Newhaven College?

Student Name:

Year:

Relationship to Student:

Student Name:

Year:

Relationship to Student:

Student Name:

Year:

Relationship to Student:

### Section 3: VIT or Working with Children Check (WWCC) details

If visitors are carrying out child-related work, the College requires the visitor to hold a VIT Registration or valid Working with Children Check prior to any activity being undertaken.

WWCC Card Number R U 1 \$:

Expiry Date:

**OR**

VIT Number R U 1 \$:

Newhaven College requests your immediate action to register yourself with the us as a volunteer, visitor, or employee at <http://workingwithchildren.vic.gov.au/>. We appreciate your prompt action as this is a department of justice requirement that this be completed within 21 days of commencing your duties.



## Section 4: Visitor Emergency Contact Details

Emergency Contact Name:

Relationship:

Emergency Contact Phone:

## Section 5: Visitor, Volunteer & Contactor Agreement

### Newhaven College commitment to Visitors in our College:

Newhaven College values its visitors and we will provide you with:

- x Child Safe information and training as a deemed appropriate in your role as a volunteer, visitor or contractor;
- x child safe training as it applies to the role;
- x a safe and healthy environment and experience
- x a contact/supervisor, so that you have the opportunity to ask questions and get feedback

### Visitor, Volunteer or Contactor commitment to Newhaven College:

Signing this document you agree to:

- x comply with our code of conduct documents which forms part of this agreement;
- x comply with our child safe policies and that you have acknowledged and accepted them;
- x comply with all safety instructions and take care of your own health and safety and that of others affected during your hosting period;
- x notify your contact/supervisor immediately of any injury, illness or safety hazard related to your activities with us at the College;
- x declare that you have never been in breach of another organisation's child protection code of conduct;
- x declare that you have never had concerns raised about your behaviour towards children or vulnerable persons;
- x notify us immediately if you are charged with or convicted of any offence which may impact on your Working with Children Check (WWCC);
- x notify us immediately if you become aware that a student has been sexually or physically abused



- x be familiar with the procedures for responding to a child protection incident including removing the child from harm if you are responsible for the child at that time;
- x participate in all relevant induction and training programs;
- x comply with confidentiality and privacy requirements relating to information you obtain as part of your duties;
- x be open and honest in your dealings with us and let us know if we can improve our visitor program and the support that you receive.



I, \_\_\_\_\_ (Full Name)

I acknowledge that I have read and understood the SRO, Q1, Q2, Q3, Q4, Q5, Q6, Q7, Q8, Q9, Q10, Q11, Q12, Q13, Q14, Q15, Q16, Q17, Q18, Q19, Q20, Q21, Q22, Q23, Q24, Q25, Q26, Q27, Q28, Q29, Q30, Q31, Q32, Q33, Q34, Q35, Q36, Q37, Q38, Q39, Q40, Q41, Q42, Q43, Q44, Q45, Q46, Q47, Q48, Q49, Q50, Q51, Q52, Q53, Q54, Q55, Q56, Q57, Q58, Q59, Q60, Q61, Q62, Q63, Q64, Q65, Q66, Q67, Q68, Q69, Q70, Q71, Q72, Q73, Q74, Q75, Q76, Q77, Q78, Q79, Q80, Q81, Q82, Q83, Q84, Q85, Q86, Q87, Q88, Q89, Q90, Q91, Q92, Q93, Q94, Q95, Q96, Q97, Q98, Q99, Q100.



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Visitor Name

Signature

Date

**Office Use Only**

**WWCC sign off**

Signature

Date

**Compliance**

Manager Signature

Date



Added to Register



Quick Pin Allocated



Relevant Staff Advised