

STATE CHAPLAINCY BOARD For Corrections, Qld

NOMINATION PACK

**For the approval of
Chaplains
to work within the Queensland correctional system**

To obtain a current Nomination Pack.
download from SCB website:
www.statechaplaincyboard.com

Administration Assistant: Tricia Tschernez, PO Box 3432, Sunnybank South, Q.4109
Email: ptschern@bigpond.net.au Mob: 0409 269 678

Liaison Officer: Jan Davis
Email: admin@statechaplaincyboard.com Mob: 0413 589 466

Revised 12/02/2010

PART 1. BIOGRAPHICAL

Nominee’s Surname Preferred Name

Given Names in full

Date of Birth Place of Birth.....

Birth Certificate No. Driver's Licence/Passport No.....

Blue Card No. Expiry Date.....

Postal Address

Residential Address.....

Phone: (h) (mob) (w)

Email.....

Correctional Centre for which nominated:

PART 2. NOMINATING ORGANISATION AND REPRESENTATIVE:

Organisation:

Nominating Person: Title

Address.....

Phone..... Email:.....

I certify that the above named nominee meets the State Chaplaincy Board’s published requirements for the position of “chaplain”. I have ensured that the above details have been checked and verified against the nominees copy of birth certificate (i.e. Full Birth Certificate) and a copy of current Driver’s License.

I certify that the nominee has a valid security clearance, and has completed the necessary Custodial Awareness Induction, and has completed the required minimum six days initial training in a correctional centre, and has attended at least one chapel service.

Signature Date

PART 3. DOCUMENTATION

- 3.1 Notification Of Interest Form (previously submitted)
- 3.2 Passport sized colour photo
- 3.3 Highest Educational Level Achieved
- 3.4 Religious Education (Bible, Theology or Bible Preparation Courses)
- 3.5 Pastoral Care training experience
- 3.6 Worship and Liturgical Training Experience
- 3.7 Personal References
- 3.8 Nominee’s Qualifications and Attributes

NOMINATION OF CHAPLAIN to STATE CHAPLAINCY BOARD

PART 4. NOMINEE'S QUALIFICATIONS AND ATTRIBUTES

4.1 Education:

.....
.....

4.2 Personal Qualities:

.....
.....

4.3 Religious Training (Religious College, Church, Mosque, Temple or other training):

.....
.....

4.4 Pastoral Care Training and Experience:

.....
.....

4.5 Worship and Liturgical or as appropriate in other Faiths:

.....
.....

4.6 Maturity and Judgement:

.....
.....

4.7 Spiritual Maturity:

.....
.....

4.8 Ability to Function in a Multi-faith Environment:

.....
.....

4.9 Acceptance of Authority:

.....
.....

4.10 Other Comments/Recommendations:

.....
.....

CERTIFICATION

To be completed by the applicant

I declare that:
(Print Full Name)

- 1. I have completed at least six days of training at Correctional Centre. Initials

- 2. I have attended at least **one chapel service** at that centre Initials

- 3. I have read the document, **“QCS Procedure - Religious Visits, and Code of Conduct”** and agree to abide by the contents Initials

- 4. I have read the document, **“SCB - Ethical Principles”**, and agree to abide by its contents Initials

- 5. I agree to accept the authority and **policies of Queensland Corrective Services and the State Chaplaincy Board** and to abide by them while functioning in the role of Chaplain at any correctional centre to which I may be appointed. Initials

- 6. I agree to accept the authority of Custodial Staff at the Correctional Centre, and to comply with the rules peculiar to that Correctional Centre. Initials

- 7. I understand that working as a Chaplain in a Queensland Corrective Centre is a Multi-Faith environment and I am open to minister pastoral care to people of other faiths as the need arises. Initials

Signed:

Date: