

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, PO Box 251, Mt. Gravatt, Q.4122
Email: admin@statechaplaincyboard.com Mob: 0413 589 466

To complete this nomination pack ...

you will require the following documents from the prospective chaplain:

1. Certified copy of driver's licence or passport
2. Certified copy of Birth certificate
3. Photocopy of Current Blue Card
4. Passport-size photo
5. Completed Application to Visit (Security Clearance) form (NOT AT THIS STAGE)
6. CV based on the criteria set out in the nomination pack
7. Copies of Educational certificates and/or degrees
8. Proof of religious training
9. Character and skills references
10. Signed *certification by the applicant*

Additional Information: See SCB Web Site: www.statechaplancyboard.com

Scope and Nature of Service - Nominating Chaplains must indicate their full support for this statement regarding the provision of Pastoral Care in all Correctional Centres in Queensland.

Role of a Chaplain

Queensland Corrective Services Document - Code of Conduct

www.correctiveservices.qld.gov.au

Send Completed Nomination Pack to:

**Tricia Tschernez, Administration Assistant, PO Box 3432, Sunnybank South, Q. 4109
or electronically to admin@statechaplancyboard.com**

Definitions:

Correctional centres

A correctional centre is a place of confinement (previously known as prisons or jails). Centres vary in the degree of security applied (Maximum, Low).

Community Corrections

Refers to those people sentenced to community correctional orders (as distinct from confinement orders), and former prisoners on parole orders. Community Corrections are controlled by Queensland Corrective Services.

Department

All matters relating to the handling of prisoners are handled by the Queensland Government department known as Queensland Corrective Services.

QCS

The abbreviation commonly used for Queensland Corrective Services.

SCB

The abbreviation commonly used to refer to the State Chaplaincy Board. The Board is responsible for pastoral care of prisoners including the approval of chaplains.

Notification of Interest Form
(To be completed by Head of Mission and forwarded to SCB)

Nominee's details:

Surname

Given Names

Date of birth / / **Place of Birth**
.....

Residential Address

Postal Address

Phone (H) **(W)**

(M) **(Pager)**

(Fax)

(Email)

Nominating Denomination or Agency:
.....

Correctional Centre/s for which nomination is required:
.....

Details of Person Authorising this Application:

Name:.....

Title:

Address:.....

Ph:..... **Email:**.....

Signature:

**Formal Nomination of a Chaplain
To the State Chaplaincy Board Queensland
for service within the Queensland Government correctional system**

Nominated Chaplain's Details:

Surname

Given Names

Date of birth ____ / ____ / _____

Place of Birth

Residential Address

.....

Postal Address (if different to above)

.....

Phone (H) **(W)**

(M) **(Pager)**

(Fax)

(Email)

Birth certificate No.

Driver's Licence No.

Blue Card No.

Nominating Religious body

.....

Correctional Centre/s for which nomination is requested

.....

.....

Authorisation By Head of Religious Body

I, (please print your full name, title, address & a contact phone number)

Name:

Title:

Address:

.....

Ph.....

being the appointed representative for (insert name of Religious Body)

.....

Certify that the above 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 nominee's copy of Birth certificate (i.e. Full Birth certificate) and copy of current Driver's Licence.

Signed

Date/...../.....

**Certification of Completion
of
Security Clearance, Centre Induction
and Initial Training**

(To be completed by the relevant senior person of the religious body.)

I hereby certify that

(Insert nominated Chaplain's name)

1. has a valid security clearance, and
2. has completed the necessary Custodial Awareness induction.
3. has completed the required six days initial training in a correctional centre

Name

Position

Signed

Date/...../.....

Comments:

.....
.....
.....

NOMINATION OF CHAPLAIN

HEAD OF CHURCH REPRESENTATIVE SUBMISSION CHECKLIST

(Please tick each box to indicate relevant documents are attached.)

1. DOCUMENTATION REQUIRED:

- CV based in Criteria
- Completed Coordinating Chaplains Nomination Summary
- Formal Nomination Form completed and signed by
Head of Church Representative & relevant Programs Officer.
- Passport sized colour photo

2. SUPPORTING DOCUMENTARY EVIDENCE:

- Year 12 or equivalent completed
- Religious education (Bible Theology or Faith Preparation courses)
- Pastoral Care training experience
- Worship and Liturgical training experience
- Suitability for working in this environment etc.
(Attach References)
- Personal maturity etc.
(Attach References)

3. ENDORSEMENT OF SCOPE AND NATURE OF SERVICE

Candidate's endorsement of *Scope and nature of Service* and Queensland Corrective Services *Chaplain Services Policy*

4. HEAD OF CHURCH COMMENTS:

.....

.....

.....

Signature	_____
	(Relevant senior person of the religious body.)
Representing	_____
Date forwarded to Board	_____

NOMINATION OF CHAPLAIN
Summary of Relevant Information

To be completed by the manager or other senior person of the religious body

Name of applicant: _____

1. Personal Background

1.1 Education

1.2 Personal Qualities

1.3 Religious Training

(Religious College, Church, Mosque, Temple or other training)

1.4 Pastoral Care Training and Experience

1.5 Worship and Liturgical or as appropriate in other Faiths

2. SUITABILITY

2.1 Maturity and Judgement

2.2 Spiritual Maturity

2.3 Ability to function in a Multi-Faith Environment

2.4 Acceptance of Authority

3. OTHER COMMENTS / RECOMMENDATIONS

Certification

To be completed by the applicant

I, _____, having completed my six days of in-centre training, and having read the a *Scope and nature of Service* and Queensland Corrective Services *Chaplain Services Policy*, do hereby agree to accept the authority and policies of Queensland Corrective Services and the State Chaplaincy Board and to abide by them whilst functioning in the role of Chaplain at any correctional centre to which I may be appointed.

Signed: _____

Date: ____ / ____ /20__

This form will need to be completed and signed after Training/Induction at a Correctional Centre.