



Safe Church Training Recognition Form

Church / Organisation name: _____

Full Name (Please Print): _____

This form is to be completed by the abovenamed person who is seeking PCV recognition of Safe Church training from a denomination/organisation.

What year did you complete Safe Church equivalent training? (Note: it must be within the last 3 years)	
Was the Safe Church equivalent training from an interstate congregation of the Presbyterian Church of Australia?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If you answered yes to the above, please specify which State or Territory provided the Safe Church equivalent training	
Was the Safe Church equivalent training from another Victorian or interstate denomination/organisation?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If you answered yes to the above question, please specify the name of the denomination/organisation	

Declaration:

I declare that:

1. I have completed Safe Church equivalent training in my previous denomination/church within the last three years
2. I have read the PCV Safe Church Policy, Code of Conduct, and Policy, Procedure & Practice Manual
3. I will abide by the PCV Safe Church Policy and Code of Conduct
4. I have viewed the PCV Safe Church Online Refresher Course
5. I have provided written documentation from the other denomination/organisation confirming the completion date and location of their Safe Church training course.

Signature

____/____/_____
Date

General information for Safe Church Representative

Once this form is completed, please forward a copy of this form and include item 5 of the declaration, to the Safe Church Unit - scu.compliance@pcv.org.au or addressed to Safe Church Unit 268 Canterbury Road, Heathmont 3135)