



# TRAINED ADVISOR / ACCREDITED TRAINED ADVISOR TRAINER APPLICATION FORM

**Date**  **Are you applying to be an Accredited Trained Advisor Trainer in conjunction** (yes or no only)

**Full name**

Family name		Given name / s	
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**DeMolay Chapter**

**Date of Birth**  **Age** (Years / Months)

**Residential Address**

<i>City / Town / Suburb</i>	<i>State</i>	<i>Postcode</i>

**Postal Address**

<i>City / Town / Suburb</i>	<i>State</i>	<i>Postcode</i>

**Home phone**  **Mobile**

**Email address**

**Employer**  **Occupation**

**Other memberships / interests**  
(Rotary / Lions / Church / Photography / etc)

**Question** Have you ever been convicted of or investigated for sexual abuse, assault or sexual offence of any kind?

**Answer** (yes or no only)

**If answer is "Yes" provide full details**

**Identification**  I have attached clear copies of the front and back of my 100 Points of Identification Check documents as detailed at [https://en.wikipedia.org/wiki/100\\_point\\_check](https://en.wikipedia.org/wiki/100_point_check).

**Criminal History Check**  I have attached a clear copy of my Criminal History Check no more than 90 days old.

Our preferred provider is [https://www.nationalcrimecheck.com.au/consumer/start\\_form](https://www.nationalcrimecheck.com.au/consumer/start_form).

*Note – From this provider:*

1. You will be charged a small fee (approx. \$30.00) for this; and
2. You will need access to a computer, scanner and camera and 100 Points of Identification to obtain this.

**Working with Children Checks**

I have attached required documentation for my State / Territory as required by **DeMolay Australia Child Protection & Youth Management Strategy** under heading "Registration with DeMolay Australia" in the "Section 1 – DeMolay Australia Youth Protection Policy".

**eScribe DeMolay Advisor Training**

I have attached a clear copy of the eScribe DeMolay Advisor Training Certificate of Completion available by signing up at <https://escribe.demolay.org/signup> and then accessing "Education" / "Training" and completing the Training Modules.

**Personal Referee #1**

*Please ensure that this Referee is aware that DeMolay Australia will contact them via post or email seeking a written reference regarding your suitability for the position of Trained Advisor. **N / A if Renewal.***

**Full name**

Family name		Given name / s	
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**Residential Address**

City / Town / Suburb	State	Postcode

**Postal Address**

City / Town / Suburb	State	Postcode

**Home phone**

**Mobile**

**Email address**

**Personal Referee #2**

*Please ensure that this Referee is aware that DeMolay Australia will contact them via post or email seeking a written reference regarding your suitability for the position of Trained Advisor. **N / A if Renewal.***

**Full name**

Family name		Given name / s	
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**Residential Address**

City / Town / Suburb	State	Postcode

**Postal Address**

City / Town / Suburb	State	Postcode

**Home phone**

**Mobile**

**Email address**

**Application /  
Acknowledgements**

- I freely and voluntarily apply to become a DeMolay Australia Trained Advisor and, if applicable, a DeMolay Australia Accredited Trained Advisor Trainer and agree to comply with all lawful directives of DeMolay Australia Ltd ABN 27 615 445 444 including any policies, procedures, operating guidelines, rules, regulations, by-laws, constitutions and similar issued and / or in force from time to time especially including, but not limited to, any and all youth protection policies and strategies.
- I acknowledge that DeMolay Australia Ltd ABN 27 615 445 444 may accept or decline my application and that, in the case of a decline, will set out the reasons for the decision in writing to me.
- I acknowledge that DeMolay Australia Ltd ABN 27 615 445 444 may revoke my Trained Advisor status and, if applicable, my Accredited Trained Advisor Trainer status at any time and will set out the reasons for the decision in writing to me.
- I am aware that I may appeal the decisions above only in writing by emailing the Company Secretary at [coy-sec@demolay.org.au](mailto:coy-sec@demolay.org.au) within 90 days of the date of the revocation letter detailed above. The Company Secretary will form an appropriate Committee of Enquiry whose decision in the matter will be final.
- I acknowledge that the overall aim of DeMolay is to "take good boys and to make them better". I will do all in my power to achieve this aim including ensuring that a safe and supportive environment is provided for both youth members, adult leaders and any others who may be involved from time to time.
- I specifically acknowledge that DeMolay Australia Ltd ABN 27 615 445 444 forbids one-on-one interactions between Trained Advisors and youth members.
- I acknowledge receipt of copies of DeMolay Australia Ltd ABN 27 615 445 444:
  - Privacy Policy; and
  - Child Protection and Youth Management Strategyand that I have read, understood and accept the contents thereof and that I will comply unconditionally with them or their replacement and / or similar documents.
- I authorise DeMolay Australia Ltd ABN 27 615 445 444 to conduct a Criminal History Check or any other check or search, including by engaging a private organisation to conduct the checks above, that DeMolay Australia Ltd ABN 27 615 445 444 deems necessary in its absolute discretion at any time.
- I acknowledge that before I can be granted Trained Advisor status and, if applicable, Accredited Trained Advisor Trainer status, I will be required to undertake appropriate training as decided by DeMolay Australia Ltd ACN 27 615 445 444 in its absolute discretion.
- I acknowledge that should my circumstances change in such a way as to affect my ability to continue to perform my role as a Trained Advisor and, if applicable, an Accredited Trained Advisor Trainer I shall immediately inform DeMolay Australia Ltd ACN 27 618 445 444.
- I acknowledge that my Trained Advisor status and, if applicable, my Accredited Trained Advisor Trainer status will expire on the same day that my Working with Children Check as applicable to my State or Territory expires. I further acknowledge that to extend my above status it will be necessary for me to complete the extension process which DeMolay Australia Ltd ABN 27 615 445 444 has in place at that time.
- I profess a belief in a Supreme Being.

**Applicant signature**

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**Witness signature**

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**Full name:**

**Contact phone number:**

Submit to:  
Company Secretary  
DeMolay Australia Ltd  
7 Rolls Royce Court  
Joyner Qld 4500  
or via email to [coy-sec@demolay.org.au](mailto:coy-sec@demolay.org.au)