



ACCREDITED TRAINED ADVISOR TRAINER APPLICATION FORM

Date	<input type="text"/>	ATAT Expiry Date	<input type="text"/>		
Full name	<table border="1"><tr><td>Family name</td><td><input type="text"/></td><td>Given name / s</td><td><input type="text"/></td></tr></table>	Family name	<input type="text"/>	Given name / s	<input type="text"/>
Family name	<input type="text"/>	Given name / s	<input type="text"/>		
DeMolay Chapter	<input type="text"/>				
Date of Birth	<input type="text"/>	Age (Years / Months)	<input type="text"/>		
Residential Address	<input type="text"/>				
	<i>City / Town / Suburb</i>	<i>State</i>	<i>Postcode</i>		
	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Postal Address	<input type="text"/>				
	<i>City / Town / Suburb</i>	<i>State</i>	<i>Postcode</i>		
	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Home phone	<input type="text"/>	Mobile	<input type="text"/>		
Email address	<input type="text"/>				
Employer	<input type="text"/>	Occupation	<input type="text"/>		
Other memberships / interests (Rotary / Lions / Church / Photography / etc)	<input type="text"/>				
Question	Have you ever been convicted of or investigated for sexual abuse, assault or sexual offence of any kind?				
Answer (yes or no only)	<input type="text"/>				
If answer is "Yes" provide full details	<input type="text"/>				
Application / Acknowledgements	<ul style="list-style-type: none">I freely and voluntarily apply to become 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 Accredited Trained Advisor Trainer status at any time and will set out the reasons for the decision in writing to me.				

**Application /
Acknowledgements
(contd)**

- I am aware that I may appeal the decisions above only in writing by emailing the Executive Director at 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;
 - Child Protection and Youth Management Strategy;
 - Code of Conduct and Ethics; and
 - Membership Eligibility Policyand 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 deems necessary in its absolute discretion at any time.
- I acknowledge that before I can be granted Accredited Trained Advisor Trainer status I will be required to undertake appropriate training to be provided by DeMolay Australia Ltd ABN 27 615 445 444.
- I acknowledge that my Accredited Trained Advisor Trainer status will expire 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.

Applicant signature

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Witness signature

Full name:
Contact phone number:

Submit to:
Executive Director
DeMolay Australia Ltd
7 Rolls Royce Court
Joyner Qld 4500
or via email to coy-sec@demolay.org.au