



TRAINED ADVISOR APPLICATION FORM

Date

If you want an electronic DeMolay ID Card, please attach a good quality passport-style colour photograph.

Full name

Family name		Given name / s	
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DeMolay Chapter

Date of Birth Age (Years / Months)

Residential Address

City / Town / Suburb	State	Postcode

Postal Address

City / Town / Suburb	State	Postcode

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.

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.
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".

DeMolay International eScribe Advisor Training

I acknowledge that I am required to complete *DeMolay International eScribe Advisor Training* and I authorise DeMolay Australia Ltd ABN 27 615 445 444 to make the necessary arrangements on my behalf. I am aware that the cost of this training is USD\$50.00 and that I am responsible for the payment of this cost.

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. **This Referee can be any adult person over the age of 21 years who has known you for 12 months or more.**

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. **This Referee can be any adult person not associated with DeMolay Australia Ltd or the Order of DeMolay of Australia in any way over the age of 21 years who has known you for 12 months or more.**

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 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 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 Executive Director at ed@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:
 - Statutes and Chapter Regulations;
 - 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 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 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 I shall immediately inform DeMolay Australia Ltd ACN 27 618 445 444.
- I acknowledge that my Trained Advisor 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

Full name:
Contact phone number:

Submit to:
Executive Director
DeMolay Australia Ltd
ed@demolay.org.au