BALLARAT ASSOCIATED SCHOOLS (BAS) CHILD SAFE REGISTER

Safeguarding Children and Young People at BAS Events and Activities

NAME: _____

CONTACT DETAILS: Mobile phone: _____

Email: _____

WORKING WITH CHILDREN CHECK
NUMBER: _____

EXPIRY DATE: _____
(please attach a copy)

BANK DETAILS: Account Name: _____

BSB: _____

Account Number: _____

Please list any BAS Event/s where you will have interactions with students from the Association's 8 member colleges:

_____

_____

_____

- I confirm I am aware of and understand the *BAS Child Safe Policy.* **YES** ◯ **/ NO** ◯ **Please Initial** _____

The BAS Child Safe Policy is available on the BAS website (www.bas.vic.edu.au) or by request from the BAS Executive Officer

- I confirm I understand and will comply with all *reporting obligations* as they relate to mandatory reporting and reporting under the Crimes Act 1958 (Vic) **YES** ◯ **/ NO** ◯ **Please Initial** _____

The BAS Child Safe – Reporting Obligations document is available on the BAS website (www.bas.vic.edu.au) or by request from the BAS Executive Officer

- I confirm I have been provided with a copy of the above *BAS Code of Conduct* and have listed any known interactions I will have with students from its member colleges. I will update this list when/if necessary. **YES** ◯ **/ NO** ◯

Signed: _____ Date: _____