

VOLUNTEER CONFIDENTIALITY & CHILD SAFETY FORM

Students Name:		Class:			
Students Name:		Class:			
Students Name:		Class:			
Confidentiality, Child Safety, & OHS Agreement					
As a volunteer, I undert Maintain confidentia Adhere to Glen Iris F Child Safety C Child Safety C OHS Guidelin	lity at all times Primary School Code of Conduct & Wellbeing Policy				
Signed:					
Name:		Date:			
Working with Children Check					
I have a current Working with Children and have provided a copy of the card to the school.					
Signed:					
Name:		Date:			
Name: Office to Complete:	Date:	Date: Signed:			
	Date:				
Office to Complete: Form completed and	Date:				

Parent/Volunteer Induction Checklist

Part 1: General

At Glen Iris Primary School, we have a strong family-school partnership and culture. One valuable and much appreciated part of this this is the help we receive from families. Families who wish to assist in the classroom, on excursions or with fundraising activities must complete an annual OHS induction process by signing and accepting the items in this form.

I acknowledge that:				
I will conduct myself in accordance with the Departr	□ Yes			
It is the teacher's responsibility to monitor and addr	☐ Yes			
I must sign in and out at the office via the Kiosk at f a visitors pass each time I help	□ Yes			
I am not permitted to take photographs unless specteacher	□ Yes			
I am there to assist the teacher and am always under the teacher's direction		□ Yes		
I must maintain a high level of confidentiality		□ Yes		
I have read and will abide by the GIPS Child Safe Code of Conduct		☐ Yes		
In the case of an emergency whilst I am helping a continuous alarm will be sounded over the PA system and I am to report to the staff member I am helping or to the administration office for further instructions		□ Yes		
I know the location of the staff amenities		☐ Yes		
If I become aware of any first aid issues, I will notify the staff member I am helping or the First Aid staff member at the administration office immediately		□ Yes		
If I am aware of an incident occurring eg. injury or hazard, I will report this to the staff member I am helping or the office immediately		☐ Yes		
I must provide a copy of a current Working with Children's Card along with a signed copy of this form.		□ Yes		
Parent Signature:				
Workplace Manager I certify that the below mentioned volunteer has completed an OHS induction.				
Name:	Signature:			
	Date:			

Parent/Volunteer Induction Checklist

Part 2: OHS (for each event eg. working bee)

Workplace		
Brief description of works		
General OHS Induction – The principal of have been provided with the following in	or their delegate is to ensure that volunteers nformation and/or instructions.	Provided
Department Health and Safety and Wellbeing (HSW) Policy		☐ Yes
Required conduct/behaviour		☐ Yes
Security access arrangements / Traffic Management Plan		☐ Yes
Introduction to First Aid Officer(s) and location of First Aid Room/Kits		☐ Yes
Location of emergency evacuation plans	for your area	☐ Yes
Location of Emergency Exits		☐ Yes
Introduction to workplace Wardens / In	cident Controller	☐ Yes
Location of amenities		☐ Yes
Location of Chemical Register and associated Safety Data Sheets		☐ Yes
Information on hazard and incident reporting process		☐ Yes
Current School Asbestos Management Plan and Division 5 Audit Report		☐ Yes ☐ NA
Introduction to school Asbestos Coordinator		□ Yes □ NA
Plant and equipment Safe Work Procedures and personal protective equipment (Note: all electrically powered plant and equipment are to be tested and tagged prior to use)		□ Yes □ NA

An overview of task(s) and relevant has volunteer workers as detailed in the Ri		mmunicated to	☐ Yes ☐ NA
Signatures			
Principal or delegate			
I certify that the below mentioned volu			
Name:		Signature:	
	Date:		

Volunteers		
I have been provided with and understand (as indicated above) and will comply with all safety instructions.		
Name:	Signature:	
	Date:	
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