**DISTRICT ENTITIES, COUNCILS AND COMMITTEES LAMP2 USER DETAILS FORM**

*Please fill out what is applicable to your position. (This information is collected for LAMP2 purposes only and will be stored under secure conditions. It will not be distributed without the consent of the user.)*

**Please do NOT use this form for LCA HRS payroll records.** New [ ]  Amendment [x]

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| **District details** |
| **Name of District** |  |
| **Name of Entity, Council or Committee** |  |
| **Confirmation of role** | I confirm that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of person) has been duly approved into the following position(s).\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DCC Chairperson/Secretary |
| **Details of position(s)** *Please select from list 🗹***Please supply date of election or appointment.** | [ ]  Chairperson[ ]  Deputy Chairperson[ ]  Secretary[ ]  Treasurer[ ]  Other Council Member/s[ ]  Other position: details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Personal Details** |
| **Title** | [ ]  **Mr /** [ ]  **Mrs /** [ ]  **Miss /** [ ]  **Ms /**[ ]  **Other:**  | **Surname** |  |
| **First Name** |  | **Other Name(s)***(if applicable)* |  |
| **Address** |  |
|  |
| **Postcode** |  | State/Territory |  |
| **Date of birth***(for ID confirmation purposes)* |  | **Gender** | [ ]  **M /** [ ]  **F** |
| **Contact Details** | **Mobile Number** |  |
| **Personal Email\****(required for initial contact only)* |  |
| **Are there any medical conditions\* you wish to disclose?** *\*optional* | [ ]  **Y /** [ ]  **N** | **Additional comments:** |
| **Emergency Contact / Next of Kin** |
| **Name** |  |
| **Relationship** |  |
| **Contact Details** | **Mobile Number** |  |
| **Work Number** | ( ) |

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| **Education / Training** |
| **LCA related Certifications***Please list current certificates held as appropriate: For example: LCA Professional Standard Training, incl Safe Place and Child Safe, Working with Children Approvals (as appropriate for your state) and Congregational Leadership Training* |  |
| **Do you hold a current Working with Children’s Check?** | [ ]  **Y /** [ ]  **N****Date of Issue:** |

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| **Privacy Declaration** |
| **Date of current district appointment** |  | **Position Title** |  |
| **I, , Member of the Lutheran Church of Australia (the Church) agree that the Church may use my personal and sensitive information for the purposes of communication and the provision of LAMP2 services and for any purpose permitted by the LCA Privacy Policy 2015 and the provisions of the Privacy Act (Cth) 1988 or the Privacy Act (NZ) 2003.****I agree to undertake my best endeavours to ensure that my information is up to date and that I will maintain this information as it changes.****I agree to use the personal and sensitive information of people who engage with the Church, and to which I may have access, for the purposes of the life of the Church and in accordance with the LCA Standards of Ethical Behaviour, the LCA Prevention of Abuse and Harassment Policy, the LCA ICT Policy and such other LCA Policies which may be developed from time to time.****…………………………………………………..****Signature****…………………………………………….…….****Name****…………………………………………………..****Date** |

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| LCA Use Only |
| Email address set up |  | LAMP2 loaded |  |
| User advised of details |  |  |  |