**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 onboarding or changes** New [ ]  Amendment [ ]

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| **Lutheran Entity\* details**(A Lutheran entity includes a congregation, parish, district, school, aged care service or a council or committee attached to one of the above) |
| **Name of Entity***(Please use your LAMP2 or legal name)* |  |
| **Confirmation of role***To be completed Chairperson, Secretary or Pastor, either by physical signature on the form or via an email confirming the election or appointment.* | I confirm that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of person) has been duly elected or approved to fulfil the position(s) listed below.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signed by Chairperson/Secretary |
| **Details of position(s)** *Please select from list 🗹* | [ ]  Chairperson[ ]  Deputy Chairperson[ ]  Secretary[ ]  Treasurer[ ]  Other Council Member/s[ ]  District Synod Delegate[ ]  LCA General Synod Delegate[ ]  Office Secretary/Administrator[ ]  Safe Church Coordinator [ ]  Statistician |

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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** |
| **LCANZ related Certifications***Please list current certificates held as appropriate: For example: LCANZ Safe Church Training, Governance training on LCANZ Learning Hub* |  |
| **Other LCA-related Memberships***(i.e. Boards, Programs, Committees, Councils – LCA, District and Church)* |  |
| **Do you hold a current working with children type check?** *(Specific names of checks vary according to location - for example SA DHS, QLD Blue Card…)* | [ ]  **Y /** [ ]  **N****Name of check:****Date of Issue:** |

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| **Privacy Declaration** *To be physically signed*  |
| **Date of current congregation appointment** *(this could be an election or an appointment date)* |  | **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 Harm, Harassment and Abuse Policy, the LCA ICT Policy and such other LCA Policies which may be developed from time to time.****…………………………………………………..****Signature** **…………………………………………….…….****Name****…………………………………………………..****Date** |