



Cabra Music Contractor Detail and Acknowledgement Form

PERSONAL DETAILS

Commencement Date	
Surname	Dr/Mr/Mrs/Ms Other
Given Names	
Home Address	
Date of Birth	
Mobile	
Email	

MEDICAL EMERGENCY INFORMATION

Please ensure you have provided the college with copies of the following documentation.

- ☐ Teachers Registration Certificate
- ☐ Department of Human Services Working with Children Check (WWCC) or Catholic Archdiocese of Adelaide Clearance Letter/Card.
- ☐ Responding to Risks of Harm Abuse and Neglect - Education and Care Certificate (RRHAN-EC) certification
- ☐ Public and Products Liability Insurance Policy and Professional Indemnity (if applicable)
- ☐ First Aid Certificate (BELS)
- ☐ Qualifications in professional field of practice (if applicable)
- ☐ COVID-19 vaccination status if working in High-Risk Settings (St Mary's Unit).
- ☐ Current registration and / or membership with a relevant professional organization if applicable (e.g. Music Teachers Association, Music Teachers Australia, Teachers affiliation).

Medical Consent:

In case of an emergency, and in the event, I am unable to give consent at the time, I give the College permission to use their judgement in obtaining any medical attention which they may consider necessary.

Signature of Music Tutor

Date

DECLARATION and ACKNOWLEDGEMENT

- I agree to take all reasonable steps to protect my own health and safety and that of others while on school property and/or while undertaking duties for the school.
- I agree to keep confidential any personal or sensitive information of which I become aware through my involvement with the school.
- I declare that I have answered this form truthfully. I understand that any false or misleading information I provide will result in me not being considered for Music Contractor work or may result in the termination of my services.
- I have received a Music Contractor Induction Booklet including Work Health and Safety information for providing services at the school. I have read and understood the contents and sought and received adequate explanation for any queries I have had.
- I have read and understood the Cabra Dominican College Child and Young Person Safe Environments Policy.
- I have read and understood Cabra Policies provided to me via the Cabra Music Contractor web page.
- I acknowledge that this completed form will be kept on file at the school.

Signature of Music Contractor

Date