**THE GIRLS’ BRIGADE NEW ZEALAND INCORPORATED**

**(including Girls’ Brigade and iconz4girlz)**

**iconz4girlz ASSISTANT LEADER’S REGISTRATION FORM**

*(Assistant Leader is aged 14-17 years – no Police Vetting or Code of Conduct required)*

Title:

First Name: Last Name:

Street Address: Suburb:

Town/City: Postcode:

Date of Birth: Email:

Home Phone: Cell Phone:

Ethnicity:

**Declaration**

* I wish to become an Assistant Leader in the **iconz4girlz** Unit at

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Church.

* I give/do not give consent for photographic images (including video) taken of me involved in **iconz4girlz** activities to be used for administration, promotional and publicity purposes.
* I acknowledge I am seeking God’s help in deepening my own spiritual life.
* I commit myself to the service of the girls and leaders in this Unit.

Signature: Date:

***Continued overleaf…..***

**CHURCH ENDORSEMENT**

It is hereby advised that the above Assistant Leader has been trained in the Health and Safety and Child Protection Policies of this church.

|  |  |
| --- | --- |
| Training in church Health and Safety Policy completed | Instructor:  Date: |
| Training in church Child Protection Policy completed | Instructor:  Date: |

Endorsed on behalf of the church for appointment as an Assistant Leader in our **iconz4girlz** Unit by:

Name: Position (Pastor/Minister/Elder):

Signature: Date:

**Assistant Leaders may choose to complete the Introduction to iconz4girl “Toolbox 4 Leaders” Training Module.**

Training Provided by: Position:

Signature: Date:

*GBNZ Support Centre Use:*

|  |  |  |
| --- | --- | --- |
| Checked and approved by: |  | Date: |
| Entered into database by: |  | Date: |

*The above information will be held on record by Girls’ Brigade New Zealand Incorporated for the purpose of administration and promotion. This complies with the Privacy Act 1993.*