**THE GIRLS’ BRIGADE NEW ZEALAND INCORPORATED**

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

**iconz4girlz LEADER’S REGISTRATION FORM - RENEWAL**

*Leaders’ Registrations, Police Vetting and Code of Conduct are required to be renewed every three years in accordance with the GBNZ Memorandum of Understanding (2019)*

Title:

First Name: Last Name:

Street Address: Suburb:

Town/City: Postcode:

Date of Birth: Email:

Home Phone: Cell Phone:

Ethnicity: Occupation:

**Declaration**

* I wish to renew my registration as the Senior Leader / a leader (circle one) in the **iconz4girlz** Unit at

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

* I have re-signed and will comply with the GBNZ Code of Conduct.
* I have completed a new Police Vetting Consent Form
* 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 am willing to accept further training opportunities for leadership development as available.

In seeking re-registration:

* I acknowledge my dependence upon God - Father, Son and Holy Spirit.
* I continue to seek His help in deepening my own spiritual life.
* I re-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 leader has received training/refresher training in the Health and Safety and Child Protection Policies of this church and that Police Vetting clearance has been renewed. If clearance is still pending GBNZ will be advised when received.

|  |  |
| --- | --- |
| Training in Health and Safety Policy at this church completed | Instructor:  Date: |
| Training in Child Protection Policy at this church completed | Instructor:  Date: |
| ***Delete one:***  Police Vetting Clearance pending (or)  Police Vetting Clearance received | Date: |

Endorsed on behalf of the church for re-appointment as a leader in our **iconz4girlz** Unit by:

Name: Position (Pastor/Minister/Elder):

Signature: Date:

*GBNZ Support Centre Use:*

|  |  |  |
| --- | --- | --- |
| Checked and approved by: |  | Date: |
| Database entry updated 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.*