SALTBUSH EVANGELICAL CHURCH	Church:Authorising Minister:
	Signed: Date:
(Teacher's Name)	Contact No.:
Full Name:	As a scripture teacher I committ to :
Date Of Birth:	 Being faithful to the Bible Maintaining a high standard of Child safety and Protection Being punctual and well prepared
Address:	Communicating with the school when necessary Teachers' Signature:
	Date:
WWCC#:	Approved Curriculum:
Expiry Date:	
Safe Ministry Training Course:	This Card is valid until:
Date Completed:	