

**FIELDWORKER APPLICATION**

**INTRODUCTION – PLEASE READ**

The information you supply in the Fieldworkers Application Form is necessary for the work of the various ACBM committees.

It will assist in:

- Determining the most appropriate activity you can participate in as an ACBM representative; and
- Declaring your willingness to abide by the policies of the ACBM.

Your application is considered confidential. Its contents are only for the consideration of the relevant ACBM Committees. **Applications are required for each fieldwork period.** Once approved, fieldworkers staying 180 days or less **may be** covered under the ACBM Travel Insurance Policy. For ALL significant pre-existing illnesses, a medical certificate is required to be submitted to the underwriter which details the work to be undertaken and that the applicant is fit to do that work.

Those staying more than 180 days or those not covered under the ACBM Corporate Travel Policy, **must** take out their own travel insurance. Medical certificates are not required.

The ACBM encourages **all** fieldworkers to have a medical consultation prior to departure overseas, particularly those over 60 to ensure they are fit to travel. Fieldworkers over 80 are not covered by our Corporate Travel Insurance Policy.

<p><b>1 Personal Details</b></p>	<p>Name: Bro/Sis .....</p> <p>Address: .....</p> <p>.....Postcode: .....</p> <p>Passport No: .....Expires: ...../...../..... [Must be six beyond trip return date.]</p> <p>Country: Australia <input type="checkbox"/> New Zealand <input type="checkbox"/> Other .....</p> <p>Telephone: (Private) ..... (Work) ..... (Mobile).....</p> <p>Email address: .....</p> <p>Age: ..... years Marital Status:.....</p> <p>Baptised: ..... years Ecclesia:.....</p> <p>Previous Ecclesia if less than two years at present ecclesia: .....</p> <p>(If Applicable) List accompanying unbaptised children and their ages: .....</p> <p>.....</p> <p>The ACBM operates to high moral and ethical standards. If you believe that it is necessary to provide some very confidential and private information this can be placed in a sealed envelope and attached to this application.</p> <p><b>Working with Children/Police Check (Also required for dependents over 18 travelling with you)</b></p> <ul style="list-style-type: none"> <li>• Issuing Authority .....</li> <li>• Card/Certificate No. ....</li> <li>• Expiry Date ...../...../.....</li> </ul> <p><b>IMPORTANT: You must tell us,</b> if at any time before or after becoming Baptised you were charged or had any accusations levelled against you in relation to inappropriate sexual behaviour, molestation or sexual abuse of a child or adult. Please sign declaration.</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Signed.....Date.....</p>
<p><b>2 ACBM Experience</b></p>	<p>Have you represented the ACBM as a fieldworker overseas in the past? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, When? ..... Where? .....</p> <p><b>If yes in the last 3 years advance to Section 6.</b></p>

<b>3 Ecclesial Experience</b>	Tick if involved in any of the following activities over the past 12 months: Exhorting <input type="checkbox"/> Lecturing <input type="checkbox"/> GES/GPC <input type="checkbox"/> Youth Group <input type="checkbox"/> Sunday School <input type="checkbox"/> Personal Preaching <input type="checkbox"/> Seminars <input type="checkbox"/> Study Leader <input type="checkbox"/> <input type="checkbox"/> Baptismal Interview <input type="checkbox"/> Other (please specify) .....																				
<b>4 Travel / Language Experience/</b>	Have you travelled overseas?      Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Where? .....      When?..... Do you speak any foreign languages? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Which? .....      How well?.....																				
<b>5 Special Skills</b>	Professional: ..... Musical: ..... Hobby/Other: .....																				
<b>6 General Information</b>	Are you in good health? If in doubt visit your local GP      Yes <input type="checkbox"/> No <input type="checkbox"/> Do you have or will obtain the appropriate immunizations      Yes <input type="checkbox"/> No <input type="checkbox"/> Do you have significant or multiple medical conditions or illnesses?      Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes please obtain a medical certificate to say you are "fit to travel&amp; undertake duties of ...."</i> Are you confident to engage in discussions on a wide range of topics?      Yes <input type="checkbox"/> No <input type="checkbox"/> Are you aware of the religious beliefs and social cultures you will encounter?      Yes <input type="checkbox"/> No <input type="checkbox"/> Have you attended ACBM Publicity Evenings?      Yes <input type="checkbox"/> No <input type="checkbox"/> Are you aware of the work of the ACBM and its policies?      Yes <input type="checkbox"/> No <input type="checkbox"/> Have you read the ACBM "Guide to Fieldworkers" (Current Version)?      Yes <input type="checkbox"/> No <input type="checkbox"/> What prompted you to apply to be an ACBM Fieldworker? ..... .....																				
<b>7 Travel Plans/ Insurance</b>	Intended Destination ..... Proposed Departure Date    /    /20    . Proposed Return Date    /    /20    . Total length of time away ..... days (Leisure travel component ..... days) Deadline for notification prior to departure    /    /20    . (Do not make any payments for fares until ACBM approval is given – allow at least one month for approval.) Do you wish to be covered by the ACBM Travel Insurance Policy?      Yes <input type="checkbox"/> No <input type="checkbox"/> The ACBM policy can only cover a trip up to 180 days and is available to Australian residents and only to New Zealand residents <b>if</b> they are travelling to the Pacific Islands excluding Papua New Guinea. This is not available to residents of other countries.      Yes <input type="checkbox"/> No <input type="checkbox"/>  If No, please advise company insured with (including emergency phone number) & policy no. Company ..... Policy No. .... <b>Pre-existing illnesses</b> (both your's and those of your dependants') If you visit your doctor regarding an illness or accident within 30 days of departure you <b>must</b> obtain a written clearance from your doctor to travel and contact your Regional Committee Secretary. Should you require any information on what is classified as a pre-existing illness please contact the ACBM Insurance Officer (insurance@acbm.org.au).																				
<b>8 Financial Details</b>	Presuming you are accepted, are you able to contribute toward the cost? Please provide your estimate of the costs and the amount you are able to contribute. <table border="1" data-bbox="352 1671 1461 1964"> <thead> <tr> <th data-bbox="352 1671 1053 1704">Item</th> <th data-bbox="1053 1671 1225 1704">Cost Estimate</th> <th data-bbox="1225 1671 1461 1704">Pnl/EccContribution</th> </tr> </thead> <tbody> <tr> <td data-bbox="352 1704 1053 1738">International Air Fares (<i>almost always covered by fieldworker</i>)</td> <td data-bbox="1053 1704 1225 1738"></td> <td data-bbox="1225 1704 1461 1738"></td> </tr> <tr> <td data-bbox="352 1738 1053 1771">Internal Transport (<i>negotiated between Area Team &amp; fieldworker</i>)</td> <td data-bbox="1053 1738 1225 1771"></td> <td data-bbox="1225 1738 1461 1771"></td> </tr> <tr> <td data-bbox="352 1771 1053 1805">Accommodation (<i>negotiated between Area Team &amp; fieldworker</i>)</td> <td data-bbox="1053 1771 1225 1805"></td> <td data-bbox="1225 1771 1461 1805"></td> </tr> <tr> <td data-bbox="352 1805 1053 1872">Other living expenses, including meals, are expected to be covered by the fieldworker, however if these are considerably higher than at home special application can be made to Area Team. Travel Insurance is covered above.</td> <td data-bbox="1053 1805 1225 1872"></td> <td data-bbox="1225 1805 1461 1872"></td> </tr> <tr> <td data-bbox="352 1872 1053 1964"><b>Total</b></td> <td data-bbox="1053 1872 1225 1964"></td> <td data-bbox="1225 1872 1461 1964"></td> </tr> </tbody> </table>			Item	Cost Estimate	Pnl/EccContribution	International Air Fares ( <i>almost always covered by fieldworker</i> )			Internal Transport ( <i>negotiated between Area Team &amp; fieldworker</i> )			Accommodation ( <i>negotiated between Area Team &amp; fieldworker</i> )			Other living expenses, including meals, are expected to be covered by the fieldworker, however if these are considerably higher than at home special application can be made to Area Team. Travel Insurance is covered above.			<b>Total</b>		
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## AGREEMENT/COMMITMENT

1. I do not object to the ACBM contacting the Recording Brother of my ecclesia for an independent assessment.
2. I have read the current version of the ACBM "Guide for Fieldworkers" and I will abide by the policy guidelines laid down by the ACBM to which all representatives of the ACBM are expected to adhere. These guidelines include reference to giving of welfare in money or gifts, as well as my relationship with brethren and sisters, ecclesia, local peoples and government bodies in ACBM areas.
3. I also understand that, unless exceptional circumstances prevail, the ACBM does not accept responsibility for any loss, injury or inconvenience sustained by me during my activity as an ACBM representative.
4. I will not drive any vehicle in Mission Areas unless approved by the ACBM.

AGREED TO AND SIGNED ..... DATE: ...../...../20.....

### Confirmation by Ecclesial Representative (i.e. Recording Brother or Arranging Brother)

I confirm that the applicant is spiritually, emotionally and morally suitable to represent the brotherhood overseas as a fieldworker.

Name: ..... Position (e.g. Recorder) .....

Signature: ..... Ecclesia ..... Date: .../.../20....

[The Ecclesial Representative to forward direct to the Regional Committee Secretary or the Working Team Secretary. If you wish to discuss any matters with either Secretary please do not hesitate to do so.]

**Note to recording brother:** *To Recording Brother/Arranging Brother, You have received this form because the applicant is a member of your ecclesia and we would appreciate you confirming that he/she is spiritually, emotionally and morally suitable to represent the brotherhood overseas as a fieldworker. Please indicate confirmation – Yes/No [ ]*

*We would also appreciate you confirming the details of his/her "Working With Children Check/Police Check" shown in section 1 above. Please indicate confirmation – Yes/No [ ]*

**Please also confirm that you are not aware of any issue relating to the safety/welfare of children that would prevent this applicant engaging in ACBM fieldwork – Yes/No [ ]**

### REGIONAL COMMITTEE USE ONLY

RECEIVED BY REGIONAL COMMITTEE SECRETARY:: / /20 . CONSIDERED BY REGIONAL COMMITTEE: / /20 .

DECISION: APPROVE  DECLINE  CLARIFY WITH ECCLESIA  COMMENTS.....

ACBM TRAVEL INSURANCE: APPROVE  DECLINE  APPLICANT ADVISED IN WRITING: / /20 .

NATCOM DATABASE NOTIFIED: / /20 . SIGNED (Regional Comm. Sec) ..... DATE: / /20

## YOUR CHECKLIST

Use this checklist to ensure that you have correctly completed this application

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | I have read the Introduction to this application                       |
| <input type="checkbox"/> | I have read the current version of the ACBM's "Guide for Fieldworkers" |
| <input type="checkbox"/> | I have checked all my answers  |
| <input type="checkbox"/> | I have signed the declaration in Section 1                             |
| <input type="checkbox"/> | I have read Agreement/Commitment                                       |
| <input type="checkbox"/> | I have signed Agreement/Commitment                                     |
| <input type="checkbox"/> | An ecclesial representative has signed my application.                 |