

Attachment to EDOC2015/14589
School Support Services

**National School Chaplaincy Programme
Annual progress report and financial acquittal**

| | |
|-----------------|--|
| Calendar year: | |
| School name: | |
| Phone: | Fax: |
| Postal address: | |
| Principal name: | Service provider name (Chaplain's employer): |
| Chaplain name: | Grant amount \$ |

1. FINANCIAL ACQUITTAL

We certify that the above grant has been used in accordance with the NT Government Guidelines and will be detailed in the school / organisation's annual audit.

Principal's signature..... Date.....

Service provider's signature.....Date.....

Amount spent \$

Amount being returned to the Department of Education \$.....

2. PROGRESS REPORT

| Outcomes | Achievements |
|--|---------------------------------|
| As stated in the NT National School Chaplaincy Programme (NSCP) information booklet - confirmation that: | |
| a) student participation in the programme was voluntary | a) Yes <input type="checkbox"/> |
| b) the chaplain may be from any faith | b) Name of the faith |

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|---|--|
| <p>c) the chaplain:</p> <ul style="list-style-type: none">i. did not proselytiseii. showed respect, accepted and was sensitive to other people's views, values and beliefsiii. complied with State and Territory laws and policies in relation to child protection mattersiv. met the NSCP minimum qualification requirementsv. has a current Ochre Card <p>d) a school complaints and grievance process was in place</p> | <p>c) chaplain achievements</p> <ul style="list-style-type: none">i. Yes <input type="checkbox"/>ii. Yes <input type="checkbox"/>iii. Yes <input type="checkbox"/>iv. Yes <input type="checkbox"/>v. Card number:..... Card expiry date:..... <p>d) Yes <input type="checkbox"/></p> |
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| <p>3. Comments</p> <p>Do you have any general comments or wish to add clarifying information to your progress report responses in Section 2 above?</p> |
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| <p>School name:</p> | |
| <p>Principal</p> <p>Signature.....</p> <p>Print name.....</p> <p>Date.....</p> | <p>Parent governing body representative</p> <p>Signature.....</p> <p>Print name.....</p> <p>Date.....</p> |

Return to:
Director School Policy, Partnerships and Strategy
School Support Services
GPO Box 4821 Darwin NT 0801
Email: policy.decs@nt.gov.au

To be returned by: 30 November