# 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

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Achievements</th>
</tr>
</thead>
<tbody>
<tr>
<td>As stated in the NT National School Chaplaincy Programme (NSCP) information booklet – confirmation that:</td>
<td></td>
</tr>
<tr>
<td>a) student participation in the programme was voluntary</td>
<td>a) Yes ■</td>
</tr>
</tbody>
</table>
| b) the chaplain may be from any faith | b) Name of the faith:  
……………………………………... |

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Version - June 2015  
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c) the chaplain:
   1. did not proselytise
   2. showed respect, accepted and was sensitive to other people's views, values and beliefs
   3. complied with State and Territory laws and policies in relation to child protection matters
   4. met the NSCP minimum qualification requirements
   5. has a current Ochre Card

d) a school complaints and grievance process was in place

c) chaplain achievements
   1. Yes
   2. Yes
   3. Yes
   4. Yes
   5. Card number:........................
      Card expiry date:.....................

d) Yes

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3. Comments
Do you have any general comments or wish to add clarifying information to your progress report responses in Section 2 above?

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School name:

<table>
<thead>
<tr>
<th>Principal</th>
<th>Parent governing body representative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature........................................</td>
<td>Signature........................................</td>
</tr>
<tr>
<td>Print name.......................................</td>
<td>Print name.......................................</td>
</tr>
<tr>
<td>Date...............................................</td>
<td>Date...............................................</td>
</tr>
</tbody>
</table>

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