

## CHAPLAINCY WORKPLAN

**Chaplaincy Workplan for **name of chaplain** appointed to the role of chaplain at **name of school** on **date**.**

I, **name of chaplain**, as chaplain at **name of school**, agree to adhere to the following requirements and inform the principal of all programs and activities provided at the school before commencement.

Blue Card Number: \_\_\_\_\_ Blue Card Expiry Date: \_\_\_\_\_

The hours of work will be: **(eg 9am – 12 noon Mondays, 9-3pm Thursdays, every second Friday)** during the school term.

Work will be conducted from: **(Location of office/desk, Contact details)**

<b>The following duties will be performed</b>	
NB: Customise content (for more ideas please refer to <a href="#">SCM-PR-012 Chaplaincy Services in Queensland State Schools</a> )	
Duties without religious and/or spiritual content	Duties including religious and/or spiritual content
<b>Examples:</b> 1. Breakfast Club 2. Sport Coaching on Tuesday 3. Friday Lunchtime Group with Grade 12s 4. Weekly column in the newsletter 5. Annual/Biannual/Quarterly report to P&C 6. Attend P&C meetings X times a year. 7. Reporting (see below)	<b>Examples:</b> 1. Meet monthly with the LCC 2. Prayer Meetings 3. Attend a service once a month 4. Monthly report to local churches, mosques, synagogues 5. Speak at local services 6. SU Primary Age (SUPA) Club

<b>The following duties <i>may</i> be performed</b>	
NB: Customise content (for more ideas please refer to <a href="#">SCM-PR-012 Chaplaincy Services in Queensland State Schools</a> )	
Duties without religious and/or spiritual content	Duties including religious and/or spiritual content
<b>Examples:</b> 1. Breakfast Club 2. Sport Coaching on Tuesday 3. Friday Lunchtime Group with Year 12s 4. Weekly column in the newsletter 5. Attend P&C meetings X times a year.	<b>Examples:</b> 1. Prayer Meetings 2. Attend a religious service once a month 3. Speak at local religious services 4. SU Primary Age (SUPA) Club

- I have read [SCM-PR-012 Chaplaincy Services in Queensland State Schools](#) and the [Operational Guidelines \(Schedule 2\)](#) of the [Agreement for Chaplaincy Services](#) and I will comply with relevant legislation, Department of Education and Training policies and practices.
- I have executed a Deed of Confidentiality and Privacy and my employing AEA has returned this Deed to the Department of Education and Training.

Signature: \_\_\_\_\_  
(name of Chaplain)

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
(name of Principal)

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
(name of LCC representative)

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
(name of AEA representative if paid chaplain)

Date: \_\_\_\_\_