



CONFIDENTIAL

ANGLICAN CHURCH OF AUSTRALIA

**THE ANGLICAN CHURCH IN CENTRAL & WESTERN NSW
DIOCESE OF BATHURST**

SAFE MINISTRY DECLARATION FORM D

1. THE APPLICANT

Personal details

Title: Rev Mr Mrs Miss Dr. Other:

First name(s): _____

Surname: _____

Previous name: _____

Date of birth (d/m/y): _____

Gender: Male Female

Current Church: _____

Marital Status: _____

Occupation: _____

Address:

Number, Street _____

Suburb/Town _____

State, Postcode _____

Contact details

Home phone: _____

Work phone: _____

Mobile phone: _____

Email: _____

Parish/Organisation: _____

Role/s: _____

Privacy Statement

Any personal information you provide is protected under the Privacy Act 1988 and is collected by the Diocese for the purpose of your involvement in a program that operates within the Diocese. It will be kept in a confidential file and used in implementing the Diocesan Screening Protocol. It can only be disclosed to someone else if you have been given reasonable notice of the disclosure; where disclosure is authorised or required by law or is reasonably necessary for the enforcement of the criminal law; if it will prevent or lessen a serious and imminent threat to a person's life or health; or if you have consented to the disclosure.

Please submit your completed questionnaire to the Parish Safe Ministry Coordinator. Paperwork will then be provided to the Safe Ministry Unit of the Diocese.

2. CHARACTER REFERENCES

Please provide details below of two (2) referees.

Referees must be over eighteen years of age and be able to give a report on your good character and suitability for the role. They must NOT be a relative, close friend or a member of the Selection panel. If you have lived in another state or country, please include a referee from your last parish or placement in that state and/or country.

REFEREE 1

This person must be your current church minister.

Title:

First name:

Surname:

Current Address:

Home phone:

Mobile phone:

Email:

REFEREE 2

This person must be someone who knows you well, having known you for at least three years.

Title:

First name:

Surname:

Current Address:

Home phone:

Mobile phone:

Email:

3. STATEMENTS

DECLARATION

I, _____ (insert your full name)
 of _____ (insert your full address)

Do solemnly and sincerely declare that:

- (1) The information I have provided in this application and the information contained in any documents accompanying this application and signed by me are true and correct to the best of my knowledge and belief.
- (2) I have received and read a copy of the **Faithfulness in Service** Code of Conduct and agree to adhere to the standards in this Code.
- (3) I understand that I will need to attend a Volunteer Induction Session with the minister or Parish Safe Ministry Coordinator before commencing as a volunteer, and other training as requested.
- (4) I understand that any material misstatement in or omission from this questionnaire may render me unfit to hold a role as a community volunteer in this program.
- (5) I have declared any health problem(s), which may affect my ability to volunteer in the role/s for which I have applied.
- (6) I have disclosed to the minister, &/or ministry program leader any past criminal charges and/or convictions I have received.
- (7) I have not ever engaged in the following conduct, even though never having been charged:
 - sexual contact with someone under my care other than my spouse (such as a client, patient, student, employee or subordinate)
 - sexual contact with a person under the age of consent
 - illegal use, production, sale or distribution of pornographic materials
- (8) I have not done anything in the past or present that may result in allegations being made against me of abuse. Abuse means: bullying; emotional abuse; harassment; neglect; physical abuse; or sexual abuse.
- (9) I consent to the diocese collecting, using and disclosing personal information as described in the Privacy Statement (on page 1).

Signature of applicant

Date

PARISH ENDORSEMENT

I, _____ (insert your full name)

of the parish affirm that to the best of my knowledge that the volunteer applying on the form is a person of good character. I confirm that they have been provided with a copy of the Code of Good Practice and agree to comply with the standards of the Code.

Signature of Minister or
 Authorised Representative

Date

** An authorised representative includes the minister, warden, parish council secretary, ministry program director. The authorised representative should not be someone who is related to the person completing the declaration.*