

CONFIDENTIAL

ANGLICAN CHURCH OF AUSTRALIA

THE ANGLICAN CHURCH IN CENTRAL & WESTERN NSW DIOCESE OF BATHURST

SAFE MINISTRY DECLARATION FORM E

FOR CLERGY SEEKING PERMISSION TO OFFICIATE ON SPECIAL OCCASIONS

1. THE APPLICANT	
Personal details	
	Title: Rev Mr Mrs Miss Dr. Other:
Full na	ame:
Date of birth (d/	m/y):
Contact details	
Ph	none:
E	mail:
Pa	arish:
l, of	(insert your full name) (insert your full address)
Do solemnly and sincer 1. I have received ar Code.	nd read a copy of the Faithfulness in Service Code of Conduct and agree to adhere to the standards in this
2. I have disclosed to	o the diocese any past criminal charges and/or convictions I have received.
3. I have not done anything that may result in allegations or charges being made against me of harassment, physical assault, domestic violence or sexual abuse (sexual abuse includes any assault or abuse of a sexual nature, any type of molestation, indecent exposure, sexual harassment or intimidation).	
Signature of applicant	
ı	Date

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.