



CONFIDENTIAL

ANGLICAN CHURCH OF AUSTRALIA

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

SAFE MINISTRY DECLARATION FORM D

**CHURCH WORKER APPLICATION AND DECLARATION FOR MINISTRY NOT
PRESCRIBED BY THE SAFE MINISTRY TO CHILDREN CANON (2017)**

Thank you for applying for ministry and being willing to apply for this Safe Ministry Check and Clearance.

In signing this form, I acknowledge and understand that personal information I provide is protected under the Privacy Act 1988 and is collected by the Diocese for the purpose of my involvement in the Anglican Diocese of Bathurst.

Except as may be required by law, or by church disciplinary procedures, the information supplied will be kept confidential and used only for screening and disciplinary procedures. It can only be disclosed to someone else if I 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 I have consented to the disclosure.

Please submit this completed, signed and dated form to the Parish Safe Ministry Coordinator of your Parish.

1. THE APPLICANT

Personal details

First name(s): _____

Surname: _____

Previous name: _____

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

Gender: Male Female

Address:

Number, Street _____

Suburb/Town _____

State, Postcode _____

Contact details

Home phone: _____

Work phone: _____

Mobile phone: _____

Email: _____

2. CHARACTER REFERENCES

Please nominate two referees.

They must both be over 18 years of age, have known you for more than 3 years and be able to give a report on your good character and suitability for the role. We will contact your referees by telephone.

REFEREE 1

This person must be a Senior Church Leader e.g. rector, church warden, elder, and can include your current ministry leader.

Title:

First name:

Surname:

Referee's Role:

Relationship to you:

Mobile phone:

Email:

REFEREE 2

This person must have known you for more than 12 months.

Title:

First name:

Surname:

Referee's Role:

Relationship to you:

Mobile phone:

Email:

3. DECLARATION & QUESTIONS

	Yes	No
I understand that the church has legal and Diocesan requirements to uphold	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had allegations made against you, been investigated for, or convicted of crimes related to:		
Coercive control	<input type="checkbox"/>	<input type="checkbox"/>
Sexual assault	<input type="checkbox"/>	<input type="checkbox"/>
Sexual harassment	<input type="checkbox"/>	<input type="checkbox"/>
Physical assault	<input type="checkbox"/>	<input type="checkbox"/>
Stalking	<input type="checkbox"/>	<input type="checkbox"/>
Harassment	<input type="checkbox"/>	<input type="checkbox"/>
I have provided this information, and any documents accompanying it in good faith and declare they are true and correct to the best of my knowledge.	<input type="checkbox"/>	<input type="checkbox"/>

Signature of applicant: _____

Date signed: _____

Endorsement by Parish Rector (or equivalent or delegate):

Name: _____

Role: _____

Signature: _____

Date: _____

NOTE: This Safe Ministry Declaration remains valid for 3 years, unless circumstances change.