



**CONFIDENTIAL STATUTORY DECLARATION  
ANGLICAN CHURCH OF AUSTRALIA**

Application for appointment as a  
**Voluntary Church Worker**

APPLICANTS 18 YEARS AND OVER

**SAFE MINISTRY CHECK  
FORM B**

*Adopted by the General Synod, October 2004  
Effective from 1 January 2019*

Name of Applicant

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Parish, church or organisation

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Role applied for

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## 1. THE SAFE MINISTRY CHECK

### About this form

This form must be completed when a person is going to undertake pastoral ministry that involves direct, regular and not incidental contact with children.

‘Ministry to children’ and ‘pastoral ministry’ are defined in the Safe Ministry to Children Canon 2017. Pastoral ministry with children includes:

- giving spiritual advice and support, education, counselling, medical care, and assistance in times of need that involves direct, regular and not incidental contact with children;
- participating in overnight activities such as camps;
- having close personal contact with children such as changing clothes, washing and toileting.

Roles involving pastoral care include Sunday School teacher, holiday program leader, youth leader, camp helper, overnight activity leader, regular creche assistant, music team leader, worship leader.

### To the Applicant

Thank you for volunteering for a ministry role within your church.

The Anglican Church is committed to doing everything we can to ensure that our churches are safe for all who participate in church activities—including our volunteers. That is why we require everyone who has a ministry role within the church to meet specific standards of personal conduct.

To help us meet our commitment to safe ministry, we ask everyone who wants to be appointed as a voluntary church worker to answer some important questions. That's the purpose of this form.

Some of the questions are personal and sensitive. ***We are not asking you these questions because we think you've done anything wrong.*** We ask them because they are part of a process that will help ensure our churches are safe.

### Completing the form

1. Complete all five sections.
2. Answer the questions in Section 2 honestly. Where required, put a cross [X] in the appropriate box.

**If you answer ‘Yes’ to a question, it doesn’t necessarily mean that you can’t be a volunteer. Please provide additional information on the appendix to this form and clearly identify the question your information relates to.**

3. Sign your full signature at the end.

### Submitting the form

Parish Safe Ministry Coordinators and SRE teachers must return the form to the Diocesan Office

Via email: [registrar@bathurstanglican.org.au](mailto:registrar@bathurstanglican.org.au).

Or post: **The Anglican Diocese of Bathurst  
PO Box 23, Bathurst NSW 2795**

All other volunteers should return their form to their Parish Safe Ministry Coordinator.

### Privacy

This application is confidential.

It will be retained in a secure place by the parish or church organisation in which you are intending to exercise a voluntary ministry. Except as may be required by law, or by church disciplinary procedures, the information you supply will be used only for screening and disciplinary purposes. If required by law, the information you supply will be made available to the applicable authority.

## 2. 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: \_\_\_\_\_

Current Occupation: \_\_\_\_\_

Current Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### WWCC details

WWCC No: \_\_\_\_\_ Expiry date: \_\_\_\_\_

### Contact details

Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Mobile phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Confirming your identity

**For new applicants please attach to this form a clear copy of ONE of the following:**

A working with children check, a working with vulnerable people check, your current Australian driver's licence; your birth certificate; a current Australian passport; an Australian citizenship document or Australian immigration papers; a current student identity card from an educational institution; or equivalent form of identification.

### 3. SUITABILITY FOR MINISTRY

Please answer the following questions by putting a cross [X] in the appropriate box.

If you are not sure what is meant by a word or phrase in **bold print**, please consult the Key Terms in *Faithfulness in Service*. You can find Faithfulness in Service on the General Synod website.

a)	Do you have any health condition(s), which may affect your work with children or young people?	<input type="checkbox"/> No	<input type="checkbox"/> Yes <b>If YES, please provide details</b>
b)	Have you ever had a driver's licence, whether in Australia or in another country?  If YES, has your licence ever been revoked or suspended?	<input type="checkbox"/> No <b>Go to c)</b>	<input type="checkbox"/> Yes  <input type="checkbox"/> Yes <b>If YES, please provide details</b>
c)	Has anyone in Australia or in any other country alleged to a court, disciplinary tribunal or employer that you have committed a criminal offence?	<input type="checkbox"/> No	<input type="checkbox"/> Yes <b>If YES, please provide details</b>
d)	Have you ever been charged with a criminal offence in Australia or in any other country?  'Charged' means that the police or other government authority has accused you in writing of committing a criminal offence. Getting a parking or speeding fine is not a criminal offence.	<input type="checkbox"/> No	<input type="checkbox"/> Yes <b>If YES, please provide details</b>
e)	Have you ever been convicted of a criminal offence in Australia or in any other country?	<input type="checkbox"/> No	<input type="checkbox"/> Yes <b>If YES, please provide details</b>
f)	Have you ever applied for a working with children check or a working with vulnerable people check?  If YES, did the authority to which you applied refuse to issue the check?  If NO, was your working with children check or a working with vulnerable people check ever cancelled, revoked or suspended?	<input type="checkbox"/> No <b>Go to g)</b>  <input type="checkbox"/> No  <input type="checkbox"/> No	<input type="checkbox"/> Yes  <input type="checkbox"/> Yes  <input type="checkbox"/> Yes
g)	Have you ever had a court order issued against you as a result of someone accusing you of violence, abuse, likely harm, harassment or stalking?	<input type="checkbox"/> No	<input type="checkbox"/> Yes <b>If YES, please provide details</b>
h)	Have you ever done anything in the past or present that may result in allegations being made against you of bullying or any form of harassment of adults?	<input type="checkbox"/> No	<input type="checkbox"/> Yes <b>If YES, please provide details</b>
i)	Has anyone ever accused you of child abuse?  A 'child' is a person under the age of 18. 'Child abuse' means:	<input type="checkbox"/> No	<input type="checkbox"/> Yes <b>If YES, please provide details</b>
	<ul style="list-style-type: none"> <li>doing any one or more of the following things to a child, whether directly in person or via an electronic device such as a computer, tablet or phone: <b>bullying; emotional abuse; harassment; neglect; physical abuse; sexual assault; spiritual abuse; grooming</b>; or</li> <li>failing—without a reasonable excuse—to comply with any law that requires you to report child abuse to the police or other authority; or</li> <li>possessing, producing or distributing <b>child exploitation material</b> (e.g. viewing child pornography or sexting).</li> </ul>		

j)	Have you ever done anything that may result in someone accusing you of child abuse?	<input type="checkbox"/> No	<input type="checkbox"/> Yes <b>If YES, please provide details</b>
k)	Has a child or dependent young person for whom you were caring as a parent or in any other capacity ever been removed from your care, or been the subject of a risk assessment by the relevant authorities?	<input type="checkbox"/> No	<input type="checkbox"/> Yes <b>If YES, please provide details</b>
l)	Have you ever engaged in any of the following conduct, whether personally, virtually or by any electronic means? <ul style="list-style-type: none"> <li>sexual contact with a person under the age of consent; or</li> <li>production, sale, distribution or illegal use of child exploitation material; or</li> <li>conduct likely to cause harm to a child or young person, or to put them at risk of harm.</li> </ul>	<input type="checkbox"/> No	<input type="checkbox"/> Yes <b>If YES, please provide details</b>
m)	Have you ever provided employment, pastoral care or professional services for others?	<input type="checkbox"/> No <b>Go to n)</b>	<input type="checkbox"/> Yes
	If YES, have you ever engaged in sexual contact, whether personally, virtually, or by any electronic means, with a parishioner, client, patient, student, employee or subordinate—other than with your spouse?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
n)	Have you ever been drunk after consuming alcohol?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	If YES, are you now or have you ever been an alcoholic?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
o)	Do you have a history of substance abuse?	<input type="checkbox"/> No	<input type="checkbox"/> Yes <b>If YES, please provide details</b>
	Substance abuse' would include, but not be limited to abuse of prescription, over-the-counter, recreational or illegal drugs, use of mind-altering substances and petrol sniffing.		
p)	Have you ever done anything that is likely to affect adversely your reputation or character or that might affect your fitness to hold a licence or authority from the Bishop?	<input type="checkbox"/> No	<input type="checkbox"/> Yes <b>If YES, please provide details</b>

## 4. RECORD OF MINISTRY

In the table below, please list all churches, parishes or congregations, and, if appropriate, church and para-church organisations (such as Scripture Union groups, Crusaders) where you have undertaken ministry as a voluntary worker. We will ask you to authorise them to tell us what they know that's relevant to our assessment of your suitability for ministry in the church.

Church/ Organisation	Location	Role	From (m/y)	To (m/y)

## 5. CHARACTER REFERENCES

Please provide details below of two (2) referees. In this context, a 'referee' is someone over 18 years of age who is able to give a report on your good character and suitability for ministry among children and young people. A referee **can not** be a relative or a close friend. We will contact your referees by phone. If you have lived in another state or country within the last three years, please nominate at least one referee from your most recent parish or placement in that state or country.

### REFEREE 1

**This person must be your current church minister.**

Title: \_\_\_\_\_

First name: \_\_\_\_\_

Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_

Mobile phone: \_\_\_\_\_

Email: \_\_\_\_\_

### REFEREE 2

**This person must be either an employer or, if you have no employment history, an adult person who has known you for 3 years or longer.**

Title: \_\_\_\_\_

First name: \_\_\_\_\_

Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_

Mobile phone: \_\_\_\_\_

Email: \_\_\_\_\_

## 6. STATEMENTS

**Authority for information** *I hereby authorise:*

- *the Anglican Church and its delegates to contact and exchange information with the church organisations, churches, parishes or congregations in the section Record of Ministry;*
- *every one of these bodies to provide to the Anglican Church and its delegates any information they may have that is relevant to assessing whether I am a suitable person to undertake ministry in the Church; and*
- *my referees to provide to the Anglican Church and its delegates any information relevant to my application for appointment as a voluntary church worker.*

**Acknowledgement** *I understand that any intentional error or omission in the information in this application may prevent me from undertaking voluntary ministry with children in the Church.*

**Declaration by applicant** *I,* \_\_\_\_\_ *(insert your full name)*  
*of* \_\_\_\_\_ *(insert your full address)*

*do solemnly and sincerely declare that the information I have provided in this application and the information contained in any documents accompanying this application are true and correct to the best of my knowledge and belief.*

**Signature of applicant** \_\_\_\_\_

**Date** \_\_\_\_\_

## 7. ADDITIONAL INFORMATION

Use this form to provide details on question(s) to which you have answered 'Yes', clearly indicating the question(s) your additional information relates to.