



Application for
Ordained Ministry, or appointment as a
Paid, Licensed or Authorised Church Worker

SAFE MINISTRY CHECK **Referee's Screening** **Questionnaire**

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

Name of Applicant _____

Role applied for _____

Name of Referee _____

1. REFEREE’S QUESTIONNAIRE

To the Referee

The Anglican Church of Australia has established standards of conduct for Church workers in order to maintain a safe and healthy ministry environment in our churches and church organisations.

Our commitment to these standards requires that we conduct background referencing for all persons who intend to engage in ordained and lay ministry in Australia.

An Applicant for ministry in this Diocese has nominated you as a Referee and authorised the Church and its delegates to seek your cooperation in completing this Screening Questionnaire and in providing any information relevant to his or her application for ministry.

It is important to make clear that this request for information is being made to comply with Anglican Church of Australia policies, and not because we have any reason to believe that the Applicant has in fact engaged in inappropriate conduct.

If you have no knowledge of this person or, for whatever reason, do not wish to be a Referee, you may so state on page 3, sign and return the form.

Completing the form

1. As part of our screening process, we request persons named as Referees to answer a series of questions which are, of necessity, intimate in nature. Please answer each question to the best of your knowledge.
2. Where required, put a cross **[X]** in the appropriate box.
3. If you do not understand the question or would like to discuss your answer further, please feel free to contact the diocesan office on 02 6331 1722.
4. **If you answer ‘Yes’ to a question, it doesn’t rule out the applicant out of selection. Nor do we interpret an ‘adverse’ answer to a question as a charge of professional misconduct. Please provide additional information on the appendix to this form and clearly identify the question your information relates to.**

Submitting the form

Please return this form:

via email to: registrar@bathurstanglican.org.au

or post to: **The Anglican Diocese of Bathurst
PO Box 23 Bathurst NSW 2795**

Privacy

The Applicant’s application and this screening questionnaire are confidential.

They will be kept secure in our confidential files, in accordance with the *Privacy Act*. 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.

Thank you for your time.

2. APPLICANT

Personal details

Title: Rev Mr Mrs Miss Dr. Other:

First name(s): _____

Surname: _____

Address:

Number, Street _____

Suburb/Town, Postcode _____

State, Country _____

Contact details

Home phone: _____

Work phone: _____

Mobile phone: _____

Email: _____

3. REFEREE

Personal details

Title (please tick): Rev Mr Mrs Miss Dr. Other:

First name(s): _____

Surname: _____

Address:

Number, Street _____

Suburb/Town, Postcode _____

State, Country _____

Contact details

Home phone: _____

Work phone: _____

Mobile phone: _____

Email: _____

Preparedness to be a Referee

Do you know the applicant named above?

No

Yes

If NO, please sign on page 7 and return the form.

If YES, how long have you known the Applicant?

Years _____

Months _____

From (m/y) _____

To (m/y) _____

In what capacity have you known the Applicant?

Are you willing to complete this Questionnaire?

No

Yes

If NO, please sign on page 7 and return the form.

If YES, go to Section 4.

4. APPLICANT’S SUITABILITY FOR MINISTRY

Please answer the questions below by checking the appropriate box.

- If you have had no opportunity to gain the knowledge required by a particular question or there is no record on file, tick ‘No’.
- Throughout this document charged* or charges* indicates allegations made in writing and known to you OR allegations made to a court, disciplinary tribunal or employer in Australia or in any other country.

Identity

- | | No | Yes |
|--|--------------------------|--------------------------|
| a) To the best of your knowledge, has the person named as the Applicant, since the age of eighteen, been known by any name(s) other than the one shown above?? | <input type="checkbox"/> | <input type="checkbox"/> |

Health and social issues

- | | No | Yes |
|---|--------------------------|--------------------------|
| a) To the best of your knowledge, has this person ever had any health condition(s), which may affect their work with children or young persons? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) To the best of your knowledge, does this person have a history of alcohol abuse? | <input type="checkbox"/> | <input type="checkbox"/> |
| c) To the best of your knowledge, does this person have a history of drug abuse with prescription, over-the-counter, recreational or illegal drugs? | <input type="checkbox"/> | <input type="checkbox"/> |
| d) To the best of your knowledge, does this person have a history of problem gambling? | <input type="checkbox"/> | <input type="checkbox"/> |

Criminal and other offences

- | | No | Yes |
|---|--------------------------|--------------------------|
| a) To the best of your knowledge, has this person ever been charged* with a criminal offence?
Getting a parking or speeding fine is not a criminal offence. | <input type="checkbox"/> | <input type="checkbox"/> |
| b) To the best of your knowledge, has this person ever been convicted of a criminal offence?
Getting a parking or speeding fine is not a criminal offence. | <input type="checkbox"/> | <input type="checkbox"/> |
| c) This question relates to action before a licensing board, professional association, community association, sports club, employer, educational institution, church or any other body. | | |
| i. To the best of your knowledge, has this person ever had disciplinary action of any sort taken against them? | <input type="checkbox"/> | <input type="checkbox"/> |
| ii. To the best of your knowledge, has this person ever had charges* made against them before the above-named bodies that did not result in discipline? | <input type="checkbox"/> | <input type="checkbox"/> |
| iii. To the best of your knowledge, does this person have charges* pending against them before any of the above-named bodies? | <input type="checkbox"/> | <input type="checkbox"/> |
| d) To the best of your knowledge, has this person ever been charged* with any offence related to cruelty to animals? | <input type="checkbox"/> | <input type="checkbox"/> |
| e) To the best of your knowledge, has this person ever been charged* with a traffic offence which required them to attend court? | <input type="checkbox"/> | <input type="checkbox"/> |

Licences

- | | No | Yes |
|---|--------------------------|--------------------------|
| a) To the best of your knowledge, has this person ever had a licence to drive a motor vehicle revoked or suspended? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) To the best of your knowledge, has this person ever had a licence to own firearms refused or revoked? | <input type="checkbox"/> | <input type="checkbox"/> |

Employment and professional conduct

- | | No | Yes |
|---|--------------------------|--------------------------|
| a) To the best of your knowledge, has this person ever been asked to resign or been terminated by a training program, employer or church body? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) To the best of your knowledge, has this person ever had a civil suit brought against them arising out of alleged professional misconduct, or is any such suit pending? | <input type="checkbox"/> | <input type="checkbox"/> |
| c) To the best of your knowledge, has this person ever had professional indemnity insurance declined, suspended or revoked for any reason? | <input type="checkbox"/> | <input type="checkbox"/> |

Financial matters

- | | No | Yes |
|---|--------------------------|--------------------------|
| a) To the best of your knowledge, has this person ever been charged* with misappropriating funds, or otherwise breaching fiduciary duties in any capacity? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) To the best of your knowledge, has this person ever been charged* with an offence under the taxation laws? | <input type="checkbox"/> | <input type="checkbox"/> |
| c) To the best of your knowledge, has this person ever had an order made against him or her or entered into a composition with creditors or an assignment for the benefit of creditors under the Bankruptcy Act or ever had an order made against him or her under any Act regulating corporations? | <input type="checkbox"/> | <input type="checkbox"/> |

Abusive conduct

- | | No | Yes |
|---|--------------------------|--------------------------|
| a) To the best of your knowledge, has this person ever had an apprehended violence order, order for protection or the like issued against them as a result of allegations of violence, abuse, likely harm, harassment or stalking? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) To the best of your knowledge has this person ever been charged* with verbal or physical harassment? | <input type="checkbox"/> | <input type="checkbox"/> |
| c) To the best of your knowledge, has this person ever had a child or dependent young person in their care (as a parent or in any other capacity) removed from their care, or been the subject of a risk assessment by the authorities? | <input type="checkbox"/> | <input type="checkbox"/> |
| d) To the best of your knowledge, has this person ever been charged* with the production, sale or distribution of, or illegal access to, child exploitation material ? | <input type="checkbox"/> | <input type="checkbox"/> |
| e) To the best of your knowledge, has this person ever done anything in the past or present that may result in allegations being made against them of child abuse? | <input type="checkbox"/> | <input type="checkbox"/> |

‘Child abuse’ means:

- the following conduct in relation to a child:
 - bullying; emotional abuse; harassment; neglect; physical abuse; sexual abuse; grooming;** or the failure without reasonable excuse to comply with the laws of the Commonwealth, a State or Territory requiring the reporting of child abuse to the police or other authority; or
- the possession, production or distribution of **child exploitation material**.

The context of the conduct includes personally, virtually or by any electronic means.

- | | | |
|--|--------------------------|--------------------------|
| f) To the best of your knowledge, has this person ever had permission to undertake paid or voluntary work with children refused, suspended or withdrawn in Australia or any other country? | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

Sexual conduct and misconduct

	No	Yes
a) To the best of your knowledge, has this person ever been charged* with having engaged in sexual conduct or attempted sexual conduct with a person with whom they had a pastoral or professional relationship (e.g. a parishioner, a client, a patient, an employee, a student, a subordinate)?	<input type="checkbox"/>	<input type="checkbox"/>
‘Sexual conduct’ includes sexually motivated touch and conversation through to sexual intercourse of any kind. The context of the conduct includes personally, virtually or by any electronic means.		
b) To the best of your knowledge, has this person ever been charged* with having engaged in sexual conduct with persons under the legal age of consent?	<input type="checkbox"/>	<input type="checkbox"/>
c) To the best of your knowledge, has this person ever been charged* with an offence related to sexual misconduct?	<input type="checkbox"/>	<input type="checkbox"/>
‘Sexual misconduct’ includes:		
<ul style="list-style-type: none"> ▪ abuse of power or role for sexual purposes ▪ sexual conduct with a person under the age of consent or with an adult not competent to give consent ▪ sexual assault (e.g. rape) ▪ soliciting for sexual purposes. ▪ an offence related to child exploitation material or public indecency (e.g. indecent exposure) 		
d) To the best of your knowledge, has this person ever been charged* with an offence related to sexual harassment ?	<input type="checkbox"/>	<input type="checkbox"/>
e) To the best of your knowledge, has this person ever engaged in any of the following conduct, even though never having been charged*?	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> ▪ sexual contact with a parishioner, client, patient, student, employee or subordinate (other than with his or her spouse) ▪ sexual contact with a person under the age of consent ▪ illegal use, production, sale or distribution of child exploitation material ▪ conduct likely to cause harm to a child or young person, or to put them at risk of harm. 		

Suitability for role

	No	Yes
a) If you were an employer, is there any reason why you would not employ this person?	<input type="checkbox"/>	<input type="checkbox"/>
b) Is there any reason why you would regard this person as unsuitable to hold the position for which they have applied?	<input type="checkbox"/>	<input type="checkbox"/>
c) In your opinion, would this person be difficult to work with?	<input type="checkbox"/>	<input type="checkbox"/>
d) Would you have any reservations about leaving children for whom you are responsible in the care of this person?	<input type="checkbox"/>	<input type="checkbox"/>
e) In your opinion, is there any reason why this person would not be suited for work with children?	<input type="checkbox"/>	<input type="checkbox"/>
f) Would you like an opportunity to speak with the Bishop or a member of the Selection Panel?	<input type="checkbox"/>	<input type="checkbox"/>

5. DECLARATION

Declaration by Referee I, _____ (insert your full name)
of _____ (insert your full address)

declare that the information I have provided in this Screening Questionnaire and the information contained in any documents attached to this application are true and correct to the best of my knowledge and belief.

Signature of Referee

Name of Referee

Declared at

Date

6. 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.