**SAFE MINISTRY CHECK – SCREENING QUESTIONAIRE**

**PERSONAL DETAILS**

Title Surname Christian name Previous names Male/Female (circle)

Address:

Home phone: Work phone:

Mobile phone: Email:

Date of birth: / / Marital status:

**CONSENT:**

I consent to the information contained in this application including the subsequent pages to be kept by our church. I understand that this information will be kept in a confidential file and used only for screening and disciplinary purposes.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: / /

Please tick either “yes” or “no” for each question. If the answer to any of the following questions is “yes”, please give details *on a separate page.* NOTE: A “yes” answer will not automatically rule an applicant out of selection.

|  |  |  |
| --- | --- | --- |
| **QUESTION** | **YES** | **NO** |
| 1. Do you have any health problem(s) which may affect you volunteering/working for the church? |  |  |
| 1. Have you ever been convicted of a criminal offence? |  |  |
| 1. Have you ever been charged with a criminal offence? |  |  |
| 1. Have you ever had permission to undertake paid or voluntary work with children or other vulnerable people refused, suspended or withdrawn in Australia or any other country? |  |  |
| 1. Have you ever engaged in any of the following conduct, even though never having been charged?  * Sexual contact with someone under your care other than your spouse (such as parishioner, 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 * Conduct likely to cause harm to people, or to put them at risk of harm |  |  |
| 1. Has your driver’s licence ever been revoked or suspended? |  |  |
| 1. Have you ever had an apprehended violence order, order for protection or the like issued against you as a result of allegations of violence, abuse, likely harm, harassment, stalking etc? |  |  |
| 1. Has a child or dependent young person in your care (as a parent or in any other capacity) ever been removed from your care, or been the subject of a risk assessment by the authorities? |  |  |
| 1. Have you done anything in the past or present that may result in abuse allegations being made against you? (Abuse includes bullying, emotional/psychological abuse, harassment, neglect, physical abuse, sexual abuse, elder abuse, domestic/family violence) |  |  |
| 1. 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? |  |  |
| 1. To your knowledge, have you ever been the subject of an allegation of sexual abuse or sexual misconduct? |  |  |
| 1. Have you a history of alcohol abuse or a history of substance abuse including prescription, over-the-counter, recreational or illegal drugs? |  |  |

**RECORD OF CHRISTIAN CHURCH MEMBERSHIP**

List church organisations, churches, congregations of which you have regularly attended / been a member:

**Name of Church Location Position Month/Year**

**CONSENT TO CRIMINAL HISTORY CHECK AND/OR WORKING WITH CHILDREN CHECK**

I hereby consent to provide an Australian Federal Police Check if I have resided in another country. I also consent to provide a Criminal Background Check and/or a Working with Children Check.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: / /

**CHARACTER REFERENCE:**

Please provide two (2) referees. Referees must be over eighteen years of age and able to give a report (by telephone only) on your good character and suitability for ministry.

1: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DECLARATION**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

do solemnly and sincerely declare that:

1. The information I have provided in this application and the information contained in any document accompanying this application are true and correct to the best of my knowledge and belief.
2. I understand that any material misstatement in or omission from this questionnaire may render me unfit to hold a particular or any office in the Church.

Applicant’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Declared this day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Witness to the Applicants Check:**

Name of Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title/Office held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: / /

**Note:** Please seek legal advice if you are uncertain about signing this document.