

SAFE MINISTRY CHECK – SCREENING QUESTIONNAIRE

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?		
2. Have you ever been convicted of a criminal offence?		
3. Have you ever been charged with a criminal offence?		
4. 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ever had permission to undertake paid or voluntary work with children or other vulnerable people refused, suspended or withdrawn in Australia or any other country?		
5. Have you ever engaged in any of the following conduct, even though never having been charged? <ul style="list-style-type: none"> • 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 		
6. Has your driver’s licence ever been revoked or suspended?		
7. 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?		
8. 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?		
9. 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)		
10. 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?		
11. To your knowledge, have you ever been the subject of an allegation of sexual abuse or sexual misconduct?		
12. 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.