

PERSONAL DETAILS

Safe Ministry Screening Questionnaire

For staff and volunteers aged 18 and over Please Note: This is a **sensitive** document that must be stored in a confidential manner accessible only by a limited number of authorised persons.

Given Names:		
Previous/ Maiden Name/s (if applicable):		
Date of Birth:		
Address:		
Phone: Email:		
WWCC Number (if required):		
Please outline any health conditions that may affect your volunteer role?		
Please mark "YES" or "NO" for each of the following questions. If you answer the following questions, it will be discussed during your Safe Church interview. A 'not automatically rule an applicant out of selection.	yes' ansv	ver will
Please note that, if you disclose any potentially criminal actions, the church may n information to the police or other relevant government authorities.	eed to rep	ort this
For all staff and volunteers	Yes	No
For all staff and volunteers 1. Have you ever been charged with or convicted of a criminal offence?	Yes	No
	Yes	No
 Have you ever been charged with or convicted of a criminal offence? As an adult (18+ years) have you ever engaged in any of the following 	Yes	No
 Have you ever been charged with or convicted of a criminal offence? As an adult (18+ years) have you ever engaged in any of the following conduct: sexual contact with someone under your care other than your spouse (such as a parishioner, client, patient, student, employee or 	Yes	No
 Have you ever been charged with or convicted of a criminal offence? As an adult (18+ years) have you ever engaged in any of the following conduct: sexual contact with someone under your care other than your spouse (such as a parishioner, client, patient, student, employee or subordinate) 	Yes	No
 Have you ever been charged with or convicted of a criminal offence? As an adult (18+ years) have you ever engaged in any of the following conduct: sexual contact with someone under your care other than your spouse (such as a parishioner, client, patient, student, employee or subordinate) use, possession, production or distribution of child abuse material? 	Yes	No
 Have you ever been charged with or convicted of a criminal offence? As an adult (18+ years) have you ever engaged in any of the following conduct: sexual contact with someone under your care other than your spouse (such as a parishioner, client, patient, student, employee or subordinate) use, possession, production or distribution of child abuse material? sexual contact with a person under the relevant age of consent To your knowledge, has there ever been any allegations made against you regarding any abuse of a child, physical abuse or sexual misconduct? 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? 	Yes	No
 Have you ever been charged with or convicted of a criminal offence? As an adult (18+ years) have you ever engaged in any of the following conduct: sexual contact with someone under your care other than your spouse (such as a parishioner, client, patient, student, employee or subordinate) use, possession, production or distribution of child abuse material? sexual contact with a person under the relevant age of consent To your knowledge, has there ever been any allegations made against you regarding any abuse of a child, physical abuse or sexual misconduct? 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 	Yes	No

For staff and volunteers in pastoral ministry, leadership or engaged in child-related work or work with vulnerable adults				Yes	No
	rable people refus	ertake paid or voluntary v ed, suspended or withdra			
8. Has a child or deper from your care by rele		on in your care ever beer	removed		
HURCHES YOU HAV	E ATTENDED R	EGULARLY IN THE PA	AST 3 YEAR	S	
Name of church	Location	When (Month/Year)	Any positions	held	
		o are over eighteen years ministry. Referees may l	•	•	verb
Name:		Phone:			
Referee 2					
		Phone:			
Name: WORKING WITH CHIL I consent to *	.DREN CHECK AI verification of my \	ND/OR NATIONAL POLI WWCC number (in NSW,	CE CHECK		
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CHURCH USE ONLY					
CSS Training undertaken: (date of training)					
WWCC No. supplied Yes NA	Expiry date				
WWCC Verified by:	On (date):				
Signed Code of Conduct received by:	On (date):				
Referee Checks conducted by:	On (date):				
Interview led by:	On (date):				
Induction led by	On (date):				
Entered onto Safe Church Register by:	On (date):				
Volunteer Endorsement* by	On (date):				
*Volunteers must be endorsed by a member of pastoral staff, governance group or safe church team . Full records of the above processes (including interview notes, referee check comments and induction content) should be kept in the relevant individual's personnel file.					