Declaration for Ministry Guest



Our church is committed to providing a safe place for children, young and vulnerable people. Therefore, for people we engage in ministry or child related roles, we require the completion of this form. Please forward this form back to the church once complete.

This documentation will be kept in a locked filing cabinet and/or in secure electronic format for at least 45 years (preferably 100 years) from the date of completion.

This form is for referring organisations to confirm that a ministry guest is a person in good standing and has met the requirements of their organisation's safe ministry processes. This includes anyone engaged in short term (less than 5 days per calendar year) ministry and child related work (e.g., guest speakers/ preachers, visiting music ministry guests, other ministry guests engaged in ministry or child related roles, or contractors engaged in child related roles). Referring organisations might include other local churches or sporting organisations.

Referring Organisation Details							
Referring Organisation Name							
Office Address							
Office Phone Number							
Organisational Representative Name							
Representative Phone Number							
Representative Email Address							
Ministry Guest Name:	Phone number:						
Residential Address:							
As an authorised representative of the above re	oferring organisation. I declare that:						
•							
 The ministry guest noted above is a person of good standing in our organisation to engage in ministry or child related work. 							
 The ministry guest noted above has complied with the requirements of our organisation with regards 							
to screening and child protection processes.							
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organisation's complaints procedure. If a serious complaint is made against the ministry guest noted							
above, then we will consider risk management and may suspend this ministry guest from engaging							
in any ministry role. If the ministry guests' Working with Children Check (or in the ACT WWVP) is							
barred or suspended, then they will be suspended from all ministry roles.							
4. Our organisation has completed the following processes for this ministry guest (please tick as							
appropriate):							
	☐ Ministry Screening Process						
_	□ Reference Checks						
9	☐ Signed Code of Conduct						
	☐ Appropriate Safe Church (child protection) Training						
□ Verified Working with Children Check Number (or in the ACT confirmation of WWVP)							
□ None of the above							
Other:							
Authorised representative Name:	Role:						
of referring organisation							
Signature:	Date:						

We understand that the ministry guest is not conducting this ministry on behalf of the referring organisation and therefore any liability arising from the conduct of this volunteer will be the responsibility of the church where the ministry activities take place.

This declaration is valid for 12 months from the date of signature above.

Ministry Guests

Insert Letterhead of **Sponsoring** Organisation (including contact details)

Letter of Authorisation for Endorsed Representative

This letter is for a sponsoring organisation to confirm that one of their authorised representatives is a person in good standing and has met the requirements of their organisation's safe ministry processes.

This includes staff or volunteers engaged in ministry and/or child related work (e.g., guest speakers/ preachers, visiting music ministry guests, other ministry guests engaged in ministry or child related roles, or contractors engaged in child related roles). Sponsoring organisations might include mission agencies, denominations or parachurch organisations.

We understand that the host church may retain a copy of this documentation in a locked filing cabinet and/or in secure electronic format for at least 45 years (preferably 100 years) from the date of completion.

Authorisation of Suitability for Ministry:

We wish to confirm that the following person is an officially endorsed representative of our organisation to conduct itinerant ministry. We understand that our organisation may be liable for any harm arising from the actions of our endorsed representative. This endorsed representative is covered by our organisation's public liability insurance

nability insuran	ю.				
Endorsed Rep	resentative	Name: Phone number: Residential Addres			
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	None of the ab	oove			
Authorised per of sponsoring of		Name: Role: Signature: Date: Phone:		- - -	

This declaration is valid for 12 months from the date of signature above.