



## Category A CHURCH WORKER CHECK

### Confidential when completed

This check is to be completed by persons over 18 years of age, applying for ordination, or to work as clergy or lay stipendiary workers in the Diocese of the NT. Once complete, this document is to be sealed in an envelope marked "confidential" and forward directly to:

**The Diocesan Safe Ministry Officer, PO Box 2950, Darwin, 0801**

*We thank you for your time in completing this form to help ensure that all those who are applying to positions or who volunteer are properly screened prior to appointment. Please note that an alternative due-diligence process is available for culturally and linguistically diverse individuals. If you are finding this form difficult to understand, or need help to complete it, please ask for help from the Bishop.*

### Personal Details (please print)

|                                  |   |                       |                            |                              |                      |
|----------------------------------|---|-----------------------|----------------------------|------------------------------|----------------------|
| Surname:                         | <input type="text"/>                                    | Date of Birth:        | <input type="text"/>       | <input type="text"/>         | <input type="text"/> |
| First names:                     | <input type="text"/>                                    |                       |                            |                              |                      |
| Title:                           | <input type="text"/>                                    | Gender:               | Male <input type="radio"/> | Female <input type="radio"/> | Marital Status:      |
| Other / Previous names:          | <input type="text"/>                                    |                       |                            |                              |                      |
| Address:                         | <input type="text"/>                                    |                       |                            |                              |                      |
| Telephone:                       | Landline:   | <input type="text"/>  | Mobile:                    | <input type="text"/>         |                      |
| Email:                           | <input type="text"/>                                    |                       |                            |                              |                      |
| Current Parish and Location:     | <input type="text"/>                                    |                       |                            |                              |                      |
| Details of proposed NT ministry: |   |                       |                            |                              |                      |
| <input type="radio"/>            | Stipendiary lay church worker                           | <input type="radio"/> | Bishop                     |                              |                      |
| <input type="radio"/>            | Rector  | <input type="radio"/> | Priest in Charge           |                              |                      |
| <input type="radio"/>            | Priest  | <input type="radio"/> | Ordination Candidate       |                              |                      |
| <input type="radio"/>            | Deacon  |                       |                            |                              |                      |
| <input type="radio"/>            | Locum or Retired Clergy proposing to hold a PTO Licence |                       |                            |                              |                      |
| <input type="radio"/>            | Other (please give details)                             |                       |                            |                              |                      |
| <input type="text"/>             |   |                       |                            |                              |                      |

### Civil Checks (please attach copies)

|  |   |                      |                      |                      |                      |                      |                      |                      |
|--|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <b>1. Photo ID</b>   | Type:                                       | <input type="text"/> | Number:              | <input type="text"/> | Exp Date:            | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|  | (Drivers Licence / Passport / Proof of Age) |                      |                      |                      | State of Issue:      | <input type="text"/> |                      |                      |
| <b>2. Ochre Card</b>   | Number:                                     | <input type="text"/> | Exp Date:            | <input type="text"/> | <input type="text"/> | <input type="text"/> |                      |                      |
|  | Or, WWCC                                    | Number:              | <input type="text"/> | State of Issue:      | <input type="text"/> | Exp Date:            | <input type="text"/> | <input type="text"/> |
| <i>If you will be ministering in the NT for more than 14 days you must apply for an Ochre Card</i> |   |                      |                      |                      |                      |                      |                      |                      |
| <b>3. Police Check</b>   | Date of latest check:                       | <input type="text"/> | <input type="text"/> | <input type="text"/> |                      |                      |                      |                      |

## Questionnaire

### Explanatory Notes for Questionnaire

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 any applicant has in fact engaged in inappropriate conduct. Information provided is used to undertake a risk assessment for an applicant.

Please tick either “Yes” or “No” for each question.

If a “Yes” answer is given

Wherever a “Yes” answer is given, please provide full details to support your answer. A “Yes” answer will not automatically disqualify an applicant seeking a role. When the risk assessment is undertaken, such answers will be taken into account before an appointment can be made and/or a licence issued. If the Diocesan Safe Ministry Officer requires further information, they may contact you. The Bishop or your Rector may need to be informed of some matters. Please be assured that if that is the case, you will be advised in advance. Some matters may require further action. If so, you will be informed about what is to happen.

Retention of this form

Completed checks are stored confidentially and securely by the Diocesan Office. Completed checks are subject to the Diocesan Privacy Policy. Once completed, this information is seen only by authorised personnel as defined by the Due Diligence Appointment Protocol.

If you need further clarification regarding the meaning of any question, please contact the Diocesan Safe Ministry Officer on (08) 8941 4770 or the Safe Ministry helpline 1800 070 511.

1. Have you ever, since the age of eighteen, been known by any name other than the ones given on page one of this check? Yes  No

*If Yes, provide details*

2. Do you have any health problem(s), or medical condition(s) that may affect you working for the church in this role? Yes  No

*If Yes, provide details*

3. Have you ever been refused a Bishop’s licence (in any Diocese in Australia or Overseas)? Yes  No

*If Yes, provide details*

4. Have you ever been charged with and/or convicted of a criminal offence and/or has any civil suit been brought against you arising out of alleged professional misconduct or for any other reason (or is any such pending)? Yes  No

**Note:** The term ‘charged’ means allegations made in writing and known to you or allegations made to a court, disciplinary tribunal or employer in Australia or any other country.

*If Yes, provide details*

5. Has disciplinary action of any sort ever been sought against you, by a licensing board, professional or community association, employer, educational institution, church or any other body, or are there any complaints pending against you that did not result in discipline, or are there charges pending? Yes  No

**Note:** In this question, 'disciplinary action' does not include 'counselling' for inadequate performance or work issues.

*If Yes, provide details*

6. Have you ever been asked to cease volunteer work, resign or had your employment terminated by any training program, association, employer, church or any other body? Yes  No

*If Yes, provide details*

7. Have you ever had permission to undertake paid or voluntary work with children, young people or vulnerable adults refused, suspended or withdrawn in Australia or any other country? Yes  No

*If Yes, provide details*

8. Have you ever had an accreditation to work with children refused, suspended or withdrawn in Australia or any other country? Yes  No

*If Yes, provide details*

9. Have you ever had professional indemnity insurance declined, suspended or revoked for any reason? Yes  No

*If Yes, provide details*

10. Has a child or dependent young person or vulnerable adult 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? Yes  No

*If Yes, provide details*

11. Have you ever engaged in, or been charged with any of the following conduct? Yes  No

- sexual conduct with someone under your care other than your spouse (such as a parishioner, client, patient, student, employee or subordinate)
- sexual conduct with a person under the age of consent or an adult incompetent to give consent
- illegal use, production, sale or distribution of pornographic materials
- conduct likely to cause sexual harm to another person, or to put them at risk of sexual harm.

**Note:** In this question, sexual conduct includes sexually motivated touch or conversation. The context of the conduct includes personal, virtual or by any electronic means.

*If Yes, provide details*

12. Have you done anything in the past or present that may result in allegations being made against you of child abuse? Yes  No

**Note:** Child abuse means: bullying, emotional abuse, harassment, neglect, physical abuse, or sexual abuse?

*If Yes, provide details*

13. Have you ever been charged with an offence related to sexual harassment? Yes  No

*If Yes, provide details*

14. Have you ever been charged with verbal or physical harassment? Yes  No

*If Yes, provide details*

15. Do you have a history of alcohol or substance abuse including prescription, over-the-counter, recreational or illegal drugs? Yes  No

*If Yes, provide details*

16. Have you ever been charged with any offence related to cruelty to animals? Yes  No

*If Yes, provide details*

17. Have you ever been the subject of a complaint about a breach of confidentiality? Yes  No

*If Yes, provide details*

18. Have you ever been charged with misappropriating funds, or otherwise breaching fiduciary duties in any capacity or ever been charged with an offence under the taxation laws? Yes  No

*If Yes, provide details*

19. Have you ever had an order made against you or entered into a composition with creditors or an assignment for the benefit of creditors under the "Bankruptcy Act" or have you ever had an order made against you under the "Corporations Act"? Yes  No

*If Yes, provide details*

20. Do you have a history of problem gambling? Yes  No

*If Yes, provide details*

21. Has your driver's licence ever been revoked or suspended, or have you been charged with a traffic offence which required you to attend court? Yes  No

*If Yes, provide details*

22. Have you ever had a licence to own firearms refused or revoked? Yes  No

*If Yes, provide details*

23. 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

*If Yes, provide details*

## Declaration

I,  (name) of  
 (address)

**Do solemnly and sincerely declare that:**

- (1) The information I have provided in this application and the information contained in any documents accompanying this application and signed by me are true and correct to the best of my knowledge and belief.
- (2) I firmly and sincerely believe the Christian faith held by the Anglican Church of Australia, expressed in the Creeds, the Thirty-Nine Articles, the Book of Common Prayer and the Ordinal. If I am licensed to lead church services, I will use only the forms of service that church laws allow.
- (3) If I am licensed in the Diocese of the Northern Territory I will carry out my ministry under the licence faithfully and with care. I will obey any lawful instruction from the Bishop of the Northern Territory and his or her successors.
- (4) I agree to submit to the authority of the Synod of the Diocese of the Northern Territory and agree to follow the Constitution of that Synod and the rules and ordinances made by it.
- (5) 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.
- (6) I consent to the information contained in this application including the subsequent pages to be kept by the Diocese. I understand that this information will be kept in a confidential file and used only for screening and disciplinary purposes.
- (7) I have received a copy of the current edition of Faithfulness in Service and I agree to embrace and uphold the code of conduct it prescribes.
- (8) I will attend a Safe Ministry Workshop and Refresher sessions as required.
- (9) If I form any suspicions about child abuse or church worker misconduct, I will report it using both the relevant civil and Diocesan avenues.
- (10) If anything declared in this questionnaire changes, or there is a change in my circumstances, including any charge or allegation against me that will affect my safe ministry clearance, I will notify my Diocesan Bishop, or the Safe Ministry Helpline immediately.

Signature:

Declared at:  this  Day of  20

**Note:**

- *This Screening Questionnaire remains valid for 3 years, unless circumstances change*
- *Please seek legal advice if you are uncertain about signing this document.*

## Other References

### Character References (only required for applicants new to the Diocese of the NT)

Please supply the name, addresses (postal and email) and phone numbers of two referees over the age of 18 years who are able to give a report of your good character and suitability for a ministry position. If you have lived in another state or country, please include a referee from your last parish or placement in that state and/or country.

For Clergy being seconded from other organisations or diocese, only list the head of your organisation (or their delegate).

#### Referee 1

*Senior Church Leader e.g. previous Bishop, Priest or other Senior Minister*

Name:

Church Name:

Position:

Postal Address:

Telephone Landline: (  ) Mobile:

Email:

#### Referee 2

*A person who has known you more than 2 years and knows you well*

Name:

Relationship to you:

Postal Address:

Telephone Landline: (  ) Mobile:

Email:

### Record of Bishop's Licences held (if applicable)

Attach additional sheet if required.

| Position:            | Diocese:             | Bishop:              | Start Date:          | End Date:            |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

### Record of Christian Church Membership

List any other church organisations, churches, or congregations of which you have been a member in the last 10 years. Add additional pages, if required.

| Church Name:         | Location:            | Duration:            | Positions Held:      |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |







Anglican Diocese  
of the Northern Territory

## Consent to Share Information

To whom it may concern,

I,  (*Full Name as recorded on my Ochre Card*) am a church worker in the Anglican Church of the Northern Territory.

Date of Birth:

Ochre Card Number:  Expiry Date:

I therefore give my consent to SAFE NT, as the Working with Children Clearance (Ochre card) Screening Authority, to share any information relevant to my Clearance Notice with the Anglican Diocese of the Northern Territory. This includes notification to the Anglican Diocese if my working with children's clearance is revoked, changed or subject to imposed conditions for any reason.

Information about my clearance should be addressed to:

The Anglican Diocese of the Northern Territory  
Attention: The Diocesan Safe Ministry Officer  
GPO Box 2950  
Darwin NT,  
0801.

Signed:

Date: