Level 3: Church Worker Application & Declaration



Please submit this completed form to the Rector (or PSMA) of the Parish.

Part 1: Application for Safe Ministry Clearance

Personal Details	
Title:	
Surname:	Date of Birth:
First names:	
Also known as, including other / previous name(s):	
Address	Postcode:
Contact details	
Phone:	
Email:	
Details of any required ID	
(eg. number and expiry date of driver's license / proof of age	e / passport):

(Please attach photocopy to application)

Privacy Statement

Any personal information you provide is protected under the Privacy Act 1988 and is collected by the Diocese for the purpose of your involvement in a program that operates within the Diocese. Except as may be required by law, or by church disciplinary procedures, the information you supply will be kept confidential and used only for screening and disciplinary procedures. It can only be disclosed to someone else if you have been given reasonable notice of the disclosure; where disclosure is authorised or required by law or is reasonably necessary for the enforcement of the criminal law; if it will prevent or lessen a serious and imminent threat to a person's life or health; or if you have consented to the disclosure.

Role applied for:	
Parish / Location:	

Record of Past Ministry

In the table below, please list churches, parishes or congregations, and, if appropriate, church and para-church organisations (such as Scripture Union groups, Crusaders) where you have undertaken ministry in the last 3 years. We will ask you to authorise them to tell us what they know that's relevant to our assessment of your suitability for ministry in the church. (Attach a separate page if needed)

Organisation:	Location:	Role(s):	From (m/y):	To (m/y):

Referees

Please nominate two referees.

In this context, referees must be over eighteen years of age, have known you more than 3 years and be able to give a report on your good character and suitability to undertake ministry among children and young people. A referee cannot be a relative or a close friend. We will usually contact your referees by telephone. In the case of church workers under 18 years of age, a parent or guardian must be one of your referees.

	Referee 1	Referee 2
	(This person must be a church leader, such as a pastor, rector, warden or youth minister)	(This person should either be an employer, or another adult who has known you more than three years. If you are not yet 18 yrs of age, this person should be your parent/ guardian).
Referee name		
Referee's role		
Relationship to you		
Contact phone		
Email contact		

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Decla	aratic	on by the	applicant	•					
,							of		
								(add	dress)
	do so	plemnly and	sincerely dec	clare that:					
YES	NO								
\bigcirc	\bigcirc	tained i	ormation I hav n any docume d correct to th	ents accom	panying this	applicati	on and sig		
\bigcirc	\bigcirc		received and r <i>in Service</i> an						Faith-
\bigcirc	\bigcirc	3. I under reques	stand that I m ted	ay need to	attend induct	tion, safe	ety or othe	er training	g as
\bigcirc	\bigcirc	4. I under	stand that any y render me u	•				•	plica-
\bigcirc	\bigcirc		declared any f e role/s for wh	•	• •	n may aff	ect my at	oility to ur	nder-
\bigcirc	\bigcirc	6. I have of have re	disclosed to th ceived	ne Rector a	ny past crimi	nal char	ges and/o	r convicti	ions I
\bigcirc	\bigcirc	7. I have	not engaged i	n any of the	e following co	onduct:			
		• 1	non-consensu	ial sexual a	octivity				
		• ;	sexual contact	t with a per	son under the	e age of	consent		
\bigcirc	\bigcirc	8. I have in cond	llegal use, pro never been the uct that may r means: bullyi	e subject o result in alle	f allegations of allegations of a section of the se	of abuse g made a	nor have against m	l engage e of abus	ed se.
		•	or sexual abu	•			n, nogioo	, prijele	
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\bigcirc	\bigcirc		tify the Recto to my circum		rish or the Dio	ocesan C	Office if the	ere is an	y
Applica	ant's S	Signature:				D	ate:		
Parent	/ Gua	rdian Signa	ature (if U18):	:					
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NOTE: This Safe Ministry Declaration remains valid for 3 years, unless circumstances change.

Office Use Only

Questionnaire Reviewed					
Date: By whom: Comments:					
Risk Assessment Sought from Safe Ministry Helpline?					
Date: By whom: Comments:					
References Checked					
Date: By whom: Notes:					
Role Interview:					
Date: By whom: Notes:					
Endorsement of application by AUTHORISED REPRESENTATIVE**					
Date: Signature:					
Other requirements as relevant, with any further notes attached:					
Applicable:					
YES NO Valid Ochre Card (please attach if required):					
YES NO Valid Ochre Card (please attach if required): Date verified:					
YES NO Valid Ochre Card (please attach if required):					
YES NO Valid Ochre Card (please attach if required): Date verified: Date verified: YES NO Completed Consent to Share Form (please attach if required):					