

# **Safe Ministry Screening Questionnaire**

For staff and volunteers aged 18 and over (Modified from Baptist NSW and ACT Code of Conduct with thanks)

Privacy Information: Please note these are forms are confidential and are kept in a locked filing cabinet

Giver	Name	S:	
Date	of Birth	me/s (if applicable):	
Phon	e:	Email:	
Do yo	ou have	ber (if required): any health conditions that we should know about?	
Pleas any o Pasto or vo may r	e circle f the foll r or Lead lunteer leed to r	either "YES" or "NO" for each of the following questions. If you and owing questions, please give details on a separate page or discuss with dership Team Member. A 'yes' answer will not automatically rule you oposition. Please note that, if you disclose any potentially criminal action eport this information to the police or other relevant government authoriting, leaders and volunteers	swer "yes" to th the Senion out of a staff s, the church
1		you ever been charged with and/or convicted of a criminal offence?	Yes / No
2.	As an conduc	adult (18+ years) have you ever engaged in any of the following ct:	
	•	sexual contact with someone under your care other than your spouse (such as a parishioner, client, patient, student, employee or subordinate)	Yes / No
	•	use, possession, production or distribution of child abuse material?	Yes / No
	•	sexual contact with a person under the relevant age of consent	Yes / No
3.		or knowledge, has there ever been any allegations made against you ing any abuse of a child, physical abuse or sexual misconduct?	Yes / No
4.	like iss	you ever had an apprehended violence order, order for protection or the sued against you as a result of allegations of violence, abuse, likely harassment, stalking, etc?	Yes / No
5.		ou had a history in the last 5 years of alcohol abuse or substance (including prescription, over-the-counter, recreational or illegal drugs)?	Yes / No
6.		ministry role may involve driving) Has your driver's licence ever been ed or suspended?	Yes / No

# For staff and volunteers in pastoral ministry, leadership or engaged in child-related work or work with vulnerable adults

7. 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ever had permission to undertake paid or voluntary work with children or other vulnerable people refused, suspended or withdrawn in Australia or any other country?	Yes / No
8. Has a child or dependent young person in your care ever been removed from your care by relevant authorities?	Yes / No

## CHURCHES YOU HAVE ATTENDED REGULARLY IN THE PAST 3 YEARS

Name of church	Location	When (Month/Year)	Any positions held

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Defense 4
report on your character and suitability for ministry. Referees may be part of the church.
Please provide details of two referees who are over eighteen years of age and able to give a verba

IVELEGE I	
Name:	Phone:
Referee 2	
Name:	Phone:

## WORKING WITH CHILDREN CHECK AND/OR NATIONAL POLICE CHECK

I consent to

- \* verification of my WWCC number (in NSW, if required)
- \* a National Police Check (for staff only)

#### **CONSENT TO HOLD INFORMATION**

I consent to the information contained in this application, including any 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 purposes.

#### **DECLARATION**

- I, ...... sincerely declare that:
  - The information I have provided in this application is true and correct to the best of my knowledge and belief.
  - I understand that if I provide false or misleading information or withhold relevant information from this questionnaire, the church leadership may determine that I am unsuitable to serve in any role in the church.
  - I have received a copy of the Code of Conduct and am willing to uphold it.

Applicant <sup>®</sup>	's signature:	Date: