

Safe Ministry Screening Questionnaire (U18) PEP-17a

For anyone aged under 18 serving as a volunteer or a junior volunteer/helper.

This is a sensitive document that must be stored in a confidential manner accessible only by a limited number of authorised persons

PERSONAL DETAILS			
Surname:			
Given Names:			
Previous Name(s) (if applicable)			
Date of Birth:		Gender:	
Address:			
Email:			
Phone:			
Do you have any health conditions that we should know about?	<input type="checkbox"/> Yes (please list below)	<input type="checkbox"/> No	
Name of Parent/Guardian		Contact phone for Parent/Guardian:	

Please tick either "YES" or "NO" for each of the following questions. If the answer to any of the following questions is "yes", please give details on a separate page or discuss with the Lead Pastor or the person holding an equivalent leadership role in your church.

A 'yes' answer will not automatically rule you out of selection, however, if you disclose any potentially criminal actions, the church may need to report this information to the police or other relevant government authorities.

	Yes	No
1. Have you ever been charged with and/or convicted of a criminal offence?	□	□
2. To your knowledge, have there been any allegations made against you?	□	□

CHURCHES YOU HAVE ATTENDED REGULARLY IN THE PAST 3 YEARS

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

REFEREES

Please provide details of two referees who are over eighteen years of age and able to give a verbal report on your character and suitability for ministry.

Name	Phone	How do they know you?

CONSENT TO HOLD INFORMATION

