

Safe Ministry Screening Questionnaire (>18) PEP-17b

For staff and volunteers aged 18 years old and over.

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:			
WWCC / WWVP Number (if required):			
Do you have any relevant health conditions that we should know about?	<input type="checkbox"/> Yes (please list below)	<input type="checkbox"/> No	

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

NB: A ‘yes’ answer will not automatically rule an applicant 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.

For all Staff and Volunteers:

	Yes	No
1. Have you ever been charged with and/or convicted of a criminal offence?	<input type="checkbox"/>	<input type="checkbox"/>
2. As an adult (18+ years) have you ever engaged in any of the following conduct: <ul style="list-style-type: none"> ● sexual contact with someone under your care other than your spouse (such as a parishioner, client, patient, student, employee or subordinate)? ● use, possession, production or distribution of child abuse material? ● sexual contact with a person under the relevant age of consent? ● illegal use, production, sale or distribution of pornographic materials? ● conduct likely to cause sexual harm to people, or to put them at risk of harm? 	<input type="checkbox"/>	<input type="checkbox"/>
3. To your knowledge, has there ever been any allegations made against you regarding any abuse of a child (physical, emotional or sexual)?	<input type="checkbox"/>	<input type="checkbox"/>
4. 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?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you had a history of alcohol abuse or substance abuse (including prescription, over-the-counter, recreational or illegal drugs)?	<input type="checkbox"/>	<input type="checkbox"/>

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6. Has your driver's licence ever been revoked or suspended (if the ministry role may involve driving)?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
8. Has a child or dependent young person in your care ever been removed from your care by relevant authorities?	<input type="checkbox"/>	<input type="checkbox"/>

CHURCHES YOU HAVE ATTENDED REGULARLY IN THE PAST 5 YEARS

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

REFEREES

Please provide details of a referee who is over eighteen years of age and able to give a verbal report on your character and suitability for ministry. It would be preferable for your referee to be from another church you have attended (and not related to you).

Name	Phone	How do they know you?

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, _____ 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 Volunteer, Leader and Staff Covenant and am willing to uphold it.

_____ Applicant's Signature

_____ Date

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Church Use Only:				
Creating Safe Spaces (CSS) completed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:	
WWCC Supplied:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Expiry date:	
WWCC Verified by:			Verification Date:	
Signed Volunteer, Leader and Staff Covenant received by:			Date:	
Entered onto Safe Church Register by:			Date:	
Referee Check conducted by:			Date:	
Induction conducted by:			Date:	
<i>Full records of the above processes (including interview notes, referee check comments and induction content) should be kept in the relevant staff and volunteer admin file.</i>				