

Screening Questionnaire for SAFE MINISTRY

@ WEST PRESTON BAPTIST CHURCH– 2 pages

The information in this form is collected for the purposes of ensuring safe leaders are appointed in all area of ministry, in accordance with our Safe Church policy. It will be seen by the relevant ministry leader (e.g. Children’s ministry coordinator, the Minister, and the deacons where relevant.

PERSONAL DETAILS					
Title:	Surname:	Given name:	Previous name/s:		
Address:					
Home phone:	Mobile:	Date of birth:			
Email address:					
<p style="margin: 0;">PLEASE TICK EITHER “YES” OR “NO” FOR EACH QUESTION</p> <p style="margin: 0;">If the answer to any of the following questions is “yes”, please give details on a separate page.</p> <p style="margin: 0;">A “yes” answer will not automatically rule an applicant out of being appointed.</p>					
Question				YES	NO
1.	Do you have any health problems(s) which may affect you volunteering for the church?				
2.	Have you ever been convicted of a criminal offense?				
3.	Have you ever been charged with a criminal offense?				
4.	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ever had permission to undertake paid or voluntary work with children or other vulnerable people refused, suspended or withdrawn, in Australia or any other country?				
5.	Have you ever engaged in any of the following conduct, even though never having been charged? <ul style="list-style-type: none"> • sexual contact with someone under your care (other than your spouse) such as parishioner, client, patient, student, employee or subordinate. • sexual contact with a person under the age of consent • illegal use, production, sale or distribution of pornographic materials • conduct likely to cause harm to people, or put them at risk of harm. 				
6.	Has your driver’s license ever been revoked or suspended?				
7.	Have you ever had an apprehended violence order, or for protection or the like issued against you as a result of allegations of violence, abuse, likely harm, harassment stalking etc.?				
8.	Has a child or dependent young person 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?				
9.	Have you ever done anything in the past or present that may result in allegations being made against you of child abuse*? <i>*abuse includes bullying, emotional abuse, harassment, neglect, physical harm or sexual abuse</i>				
10.	Have you ever done anything in the past or present that may result in allegations being made against you of bullying or any form of harassment of adults?				
11.	To your knowledge, have you ever been the subject of an allegation of sexual abuse or sexual misconduct?				
12.	Have you a history of alcohol abuse or a history of substance abuse including prescription, over-the-counter, recreational or illicit drugs?				

PREVIOUS CHURCH ATTENDANCE and MEMBERSHIP

List the churches and Christian organisations of which you have been a part.

Name of Church/organisation	Location	Position held (if applicable)	When (month/year)

CHARACTER REFERENCE/S – if you haven't been regularly attending WPBC for >12 months

Please provide up to 2 referees. Referees must be over 18 years of age and be able to give a report (by phone) on your good character and suitability for ministry.

Referee 1:	Name:	Contact:
	Position held:	
Referee 2:	Name:	Contact:
	Position held:	

CRIMINAL HISTORY CHECK AND / OR WORKING WITH CHILDREN CHECK

- | | |
|---|---------------------------|
| I have provided evidence of my Police Record check, where required. | YES / NO / not applicable |
| I have provided evidence of my Working with Children Check, where required. | YES / NO / not applicable |

CONSENT AND DECLARATIONS

I consent to the information contained in the application, including any additional information I have provided, to be kept by our church. I understand that this information will be kept in a confidential file and used only for screening and disciplinary purposes.

Signature _____ date: _____

Name:

I declare that the information that I have provided in this application and any accompanying documents are true and correct to the best of my knowledge and believe. I understand that any significant misstatement in, or omission from, this checklist may render me unfit to continue in my role in the church.

Signature _____ date: _____

Name: