



CONFIDENTIAL STATUTORY DECLARATION

ANGLICAN CHURCH OF CENTRAL QUEENSLAND

DIOCESE OF ROCKHAMPTON

Application for
Ordained Ministry, or appointment as a
Paid, Licensed or Authorised Church Worker

PERSONS WHO ARE CURRENTLY ORDAINED,
CANDIDATES FOR ORDINATION,
LAY MEMBERS OF THE CHURCH

Safe Ministry Check

Adopted by the General Synod, October 2004
Effective from 1 January 2019

Name of Applicant

Role applied for

1 The Safe Ministry Check

To the Applicant The Anglican Church of Australia has established standards of conduct for clergy and church workers to maintain a safe and healthy ministry environment.

Our commitment to these standards requires that we conduct background referencing for all persons who intend to engage in ordained and lay ministry in Australia. **This request for information is being made to comply with Anglican Church of Australia policies, and not because we have any reason to believe that any applicant has in fact engaged in inappropriate conduct.**

As part of our screening process, we request you to answer a series of questions which are, of necessity, intimate in nature. If you do not understand the question or would like to discuss your answer further, please feel free to call the Registrar at the Diocesan office (07) 4922 6755

- Completing the form**
1. Before completing this document please read *Faithfulness in Service*, which includes the code of conduct for safe ministry to children. You can find *Faithfulness in Service* on the **Diocesan website at <http://anglicanchurchcq.org.au>**
 2. The *Safe Ministry Check* takes the form of a Statutory Declaration. It is a criminal offence to make a Statutory Declaration knowing it to be untrue in any material way.
 3. Complete all six sections.

You must answer all questions. Where required, put a cross [X] in the appropriate box.

If you answer 'Yes' to a question—and where there is insufficient room to complete a table—please add additional information on a separate page and attach it to this form.

Please note:

- a 'Yes' answer to a question will not automatically rule an applicant out of selection; and
- we do not interpret a 'Yes' answer to a question as a charge of professional misconduct. The Diocese has a formal process for making such a charge.

4. Sign your initials at the bottom of every page. At the end of the form sign the declaration and ensure that your signature is witnessed by a person authorised to witness a Statutory Declaration.

Submitting the form Please return this form to:
 Safe Ministry Officer (diocese@anglicanchurchcq.org.au)
 Anglican Diocese of Rockhampton
 PO Box 710, Rockhampton
 Queensland 4700

Privacy This application is confidential.
 It will be kept secure in our confidential files, in accordance with the *Privacy Act*. Except as may be required by law, or by church disciplinary procedures, the information you supply will be used only for screening and disciplinary purposes. If required by law, the information you supply will be made available to the applicable authority.

Interview If you are invited to an interview, please bring for sighting Proof of Identity two (2) documents, one of which includes a recent photograph and one of which is either a Birth Certificate, Passport or current Driver's Licence.

OFFICE USE ONLY

ID sighted ID approved ID not approved

2 The Applicant

Personal details

Title Rev Mr Mrs Miss Ms Other, specify

First name(s)

Surname

Date of birth (d/m/y)

Gender male female

Marital Status

Current occupation

Current address

Number, Street

Suburb/town, Postcode

State, Country

Previous address

Have you ever been a resident in any other Australian State or Territory, or in another country?

No Yes Please list all previous addresses, the most recent first.

| Address | From (m/y) | To (m/y) |
|---------|------------|----------|
| | | |
| | | |
| | | |
| | | |

Contact details

Home phone

Work phone

Mobile phone

Email

2.1 Record of Ordination/Consecration

Have you ever been ordained as a deacon or a priest, or consecrated as a bishop?

No Go to 2.2 Yes Please provide details below.

| | Diocese | Date |
|-----------------------|---------|------|
| Ordained as Deacon | | |
| Ordained as Priest | | |
| Consecrated as Bishop | | |

2.2 Record of Bishop’s Licences or Authorities

Have you previously held a Bishop’s Licence or Authority?
 No Go to 2.3 Yes Please provide details below, the most recent first.

| Position | Diocese | Bishop | From (m/y) | To (m/y) |
|----------|---------|--------|------------|----------|
| | | | | |
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2.3 Record of Christian Church Membership and Christian Ministry

Complete the table below regarding any church you have attended regularly during your adult life, excluding positions detailed above. List the most recent first.

| Church | Location | Role | From (m/y) | To (m/y) |
|-----------------------------|----------|------|------------|----------|
| | | | | |
| Snr Minister or equivalent: | | | | |
| | | | | |
| Snr Minister or equivalent: | | | | |
| | | | | |
| Snr Minister or equivalent: | | | | |
| | | | | |
| Snr Minister or equivalent: | | | | |
| | | | | |
| Snr Minister or equivalent: | | | | |
| | | | | |
| Snr Minister or equivalent: | | | | |

2.4 Record of past employment

Please provide your employment history below, with the most recent first.

| Employer | Location | Position or Role | From (m/y) | To (m/y) |
|----------|----------|------------------|------------|----------|
| | | | | |
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3 Suitability for ministry

Please answer the questions below by putting a cross [X] in the appropriate box.

- Some questions have words set in **bold print**. These words or phrases are defined under 'Key Terms' in *Faithfulness in Service*.
- Throughout this document charged* or charges* indicates allegations made in writing and known to you OR allegations made to a court, disciplinary tribunal or employer in Australia or in any other country.
- If the answer to any of the following questions is 'Yes', please provide relevant information regarding your response and indicate the current status of the issue(s) if any. You should attach a separate page to this form with this additional information, clearly indicating the question number to which it applies. Remember that a 'yes' answer will not automatically rule you out of selection.

3.1 Identity

| | | | |
|----|---|-----------------------------|------------------------------|
| a) | Have you ever, since the age of eighteen, been known by any name(s) other than the one given above? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
|----|---|-----------------------------|------------------------------|

3.2 Health and social issues

| | | | |
|----|---|-----------------------------|------------------------------|
| a) | Do you have any health condition(s), which may affect your work with children or young persons? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| b) | Do you have a history of alcohol abuse? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| c) | Do you have a history of substance abuse including prescription, over-the-counter, recreational or illegal drugs? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| d) | Do you have a history of problem gambling? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

3.3 Criminal and other offences

| | | | |
|------|--|-----------------------------|------------------------------|
| a) | Have you ever been charged* with a criminal offence? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| b) | Have you ever been convicted of a criminal offence in Australia or in any other country? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| c) | This question relates to action before a licensing board, professional association, community association, sports club, employer, educational institution, church or any other body. | | |
| i. | Has disciplinary action of any sort ever been taken against you? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| ii. | Have there been charges* against you to the above named bodies that did not result in discipline? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| iii. | Are there charges* pending against you before any of the above-named bodies? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| d) | Have you ever been charged* with any offence related to cruelty to animals? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| e) | Have you ever been charged* with a traffic offence which required you to attend court? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

3.4 Licences

| | | | |
|----|---|-----------------------------|------------------------------|
| a) | Has your licence to drive a motor vehicle ever been revoked or suspended? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| b) | Have you ever had a licence to own firearms refused or revoked? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

3.5 Employment and professional conduct

| | | | |
|----|---|-----------------------------|------------------------------|
| a) | Have you ever been asked to resign or been terminated by a training program, employer or church body? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| b) | Have you ever had a civil suit brought against you arising out of alleged professional misconduct, or is any such suit pending? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| c) | Have you ever had professional indemnity insurance declined, suspended or revoked for any reason? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

3.6 Financial matters

| | | | |
|----|---|-----------------------------|------------------------------|
| a) | Have you ever been charged* with misappropriating funds, or otherwise breaching fiduciary duties in any capacity? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| b) | Have you ever been charged* with an offence under the taxation laws? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| c) | Have you ever had an order made against you or entered into a composition with creditors or an assignment for the benefit of creditors under the Bankruptcy Act or have you ever had an order made against you under any Act regulating corporations? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

3.7 Abusive conduct

| | | | |
|----|---|-----------------------------|------------------------------|
| a) | 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 or stalking? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| b) | Have you ever been charged* with verbal or physical harassment? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| c) | 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? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| d) | Have you ever been charged* with the production, sale or distribution of, or illegal access to child exploitation material ? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| e) | <p>Have you done anything in the past or present that may result in allegations being made against you of child abuse?</p> <p>'Child abuse' means:</p> <ul style="list-style-type: none"> ▪ the following conduct in relation to a child: bullying; emotional abuse; harassment; neglect; physical abuse; sexual abuse; spiritual abuse; grooming; or the failure without reasonable excuse to comply with the laws of the Commonwealth, a State or Territory requiring the reporting of child abuse to the police or other authority; or ▪ the possession, production or distribution of child exploitation material. <p>The context of the conduct includes personally, virtually or by any electronic means.</p> | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| f) | Have you ever had permission to undertake paid or voluntary work with children refused, suspended or withdrawn in Australia or any other country? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

3.8 Sexual conduct and misconduct

| | | | |
|----|--|-----------------------------|------------------------------|
| a) | <p>Have you ever been charged* with having engaged in sexual conduct or attempted sexual conduct with a person with whom you had a pastoral or professional relationship (e.g. a parishioner, a client, a patient, an employee, a student, a subordinate)?</p> <p>'Sexual conduct' includes sexually motivated touch and conversation through to sexual intercourse of any kind. The context of the conduct includes personally, virtually or by any electronic means.</p> | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| b) | Have you ever been charged* with having engaged in sexual conduct with persons under the legal age of consent? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

- c) Have you ever been charged* with an offence related to sexual misconduct? No Yes
 'Sexual misconduct' includes:
- abuse of power or role for sexual purposes
 - sexual conduct with a person under the age of consent or with an adult not competent to give consent
 - sexual assault (e.g. rape)
 - soliciting for sexual purposes.
-
- d) Have you ever been charged* with an offence related to **sexual harassment**? No Yes
- e) Have you ever engaged in any of the following conduct, even though never having been charged*? No Yes
- sexual contact with a parishioner, client, patient, student, employee or subordinate (other than with your spouse)
 - sexual contact with a person under the age of consent
 - illegal use, production, sale or distribution of child exploitation material
 - conduct likely to cause harm to a child or young person, or to put them at risk of harm.
-
- f) **Have you read and do you agree to abide by the Code of Conduct "Faithfulness in Service"?** No Yes
 A copy is available on Diocesan website at <http://anglicanchurchcq.org.au>

4 Character References

Please provide details below of three (3) referees.

Referees must be over eighteen years of age and be able to give a report on your good character and suitability for ministry among children and young people. They must NOT be a relative, close friend or a member of the Selection panel. If you have lived in another state or country, please include a referee from your last parish or placement in that state and/or country.

| REFEREE 1 | | | | | | | | | | | | | | | | | | | |
|--|---|-------|---|------------|--|---------|--|----------------|--|-----------------------|--|----------------|--|------------|--|--------------|--|-------|--|
| This person must be a Senior Church Leader e.g. rector, church warden, elder | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: right;">Title</td> <td><input type="checkbox"/> Rev <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other, specify</td> </tr> <tr> <td style="text-align: right;">First name</td> <td><input style="width: 90%;" type="text"/></td> </tr> <tr> <td style="text-align: right;">Surname</td> <td><input style="width: 90%;" type="text"/></td> </tr> <tr> <td style="text-align: right;">Number, Street</td> <td><input style="width: 90%;" type="text"/></td> </tr> <tr> <td style="text-align: right;">Suburb/Town, Postcode</td> <td><input style="width: 90%;" type="text"/></td> </tr> <tr> <td style="text-align: right;">State, Country</td> <td><input style="width: 90%;" type="text"/></td> </tr> <tr> <td style="text-align: right;">Home phone</td> <td><input style="width: 90%;" type="text"/></td> </tr> <tr> <td style="text-align: right;">Mobile phone</td> <td><input style="width: 90%;" type="text"/></td> </tr> <tr> <td style="text-align: right;">Email</td> <td><input style="width: 90%;" type="text"/></td> </tr> </table> | Title | <input type="checkbox"/> Rev <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other, specify | First name | <input style="width: 90%;" type="text"/> | Surname | <input style="width: 90%;" type="text"/> | Number, Street | <input style="width: 90%;" type="text"/> | Suburb/Town, Postcode | <input style="width: 90%;" type="text"/> | State, Country | <input style="width: 90%;" type="text"/> | Home phone | <input style="width: 90%;" type="text"/> | Mobile phone | <input style="width: 90%;" type="text"/> | Email | <input style="width: 90%;" type="text"/> |
| Title | <input type="checkbox"/> Rev <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other, specify | | | | | | | | | | | | | | | | | | |
| First name | <input style="width: 90%;" type="text"/> | | | | | | | | | | | | | | | | | | |
| Surname | <input style="width: 90%;" type="text"/> | | | | | | | | | | | | | | | | | | |
| Number, Street | <input style="width: 90%;" type="text"/> | | | | | | | | | | | | | | | | | | |
| Suburb/Town, Postcode | <input style="width: 90%;" type="text"/> | | | | | | | | | | | | | | | | | | |
| State, Country | <input style="width: 90%;" type="text"/> | | | | | | | | | | | | | | | | | | |
| Home phone | <input style="width: 90%;" type="text"/> | | | | | | | | | | | | | | | | | | |
| Mobile phone | <input style="width: 90%;" type="text"/> | | | | | | | | | | | | | | | | | | |
| Email | <input style="width: 90%;" type="text"/> | | | | | | | | | | | | | | | | | | |

| REFEREE 2 | | | | | | | | | | | | | | | | | | | |
|--|---|-------|---|------------|--|---------|--|----------------|--|-----------------------|--|----------------|--|------------|--|--------------|--|-------|--|
| This person must be a current or former employer or, if you have no work history, a current or former teacher. | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: right;">Title</td> <td><input type="checkbox"/> Rev <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other, specify</td> </tr> <tr> <td style="text-align: right;">First name</td> <td><input style="width: 90%;" type="text"/></td> </tr> <tr> <td style="text-align: right;">Surname</td> <td><input style="width: 90%;" type="text"/></td> </tr> <tr> <td style="text-align: right;">Number, Street</td> <td><input style="width: 90%;" type="text"/></td> </tr> <tr> <td style="text-align: right;">Suburb/Town, Postcode</td> <td><input style="width: 90%;" type="text"/></td> </tr> <tr> <td style="text-align: right;">State, Country</td> <td><input style="width: 90%;" type="text"/></td> </tr> <tr> <td style="text-align: right;">Home phone</td> <td><input style="width: 90%;" type="text"/></td> </tr> <tr> <td style="text-align: right;">Mobile phone</td> <td><input style="width: 90%;" type="text"/></td> </tr> <tr> <td style="text-align: right;">Email</td> <td><input style="width: 90%;" type="text"/></td> </tr> </table> | Title | <input type="checkbox"/> Rev <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other, specify | First name | <input style="width: 90%;" type="text"/> | Surname | <input style="width: 90%;" type="text"/> | Number, Street | <input style="width: 90%;" type="text"/> | Suburb/Town, Postcode | <input style="width: 90%;" type="text"/> | State, Country | <input style="width: 90%;" type="text"/> | Home phone | <input style="width: 90%;" type="text"/> | Mobile phone | <input style="width: 90%;" type="text"/> | Email | <input style="width: 90%;" type="text"/> |
| Title | <input type="checkbox"/> Rev <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other, specify | | | | | | | | | | | | | | | | | | |
| First name | <input style="width: 90%;" type="text"/> | | | | | | | | | | | | | | | | | | |
| Surname | <input style="width: 90%;" type="text"/> | | | | | | | | | | | | | | | | | | |
| Number, Street | <input style="width: 90%;" type="text"/> | | | | | | | | | | | | | | | | | | |
| Suburb/Town, Postcode | <input style="width: 90%;" type="text"/> | | | | | | | | | | | | | | | | | | |
| State, Country | <input style="width: 90%;" type="text"/> | | | | | | | | | | | | | | | | | | |
| Home phone | <input style="width: 90%;" type="text"/> | | | | | | | | | | | | | | | | | | |
| Mobile phone | <input style="width: 90%;" type="text"/> | | | | | | | | | | | | | | | | | | |
| Email | <input style="width: 90%;" type="text"/> | | | | | | | | | | | | | | | | | | |

| REFEREE 3 | |
|--|---|
| This person must be someone who knows you well, having known you for at least three years. | Title <input type="checkbox"/> Rev <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other, specify |
| | First name |
| | Surname |
| | Number, Street |
| | Suburb/Town, Postcode |
| | State, Country |
| | Home phone |
| | Mobile phone |
| | Email |

5 Statements

Authority for information *I understand that it is the policy of the Anglican Church of Australia to ask:*

- those who serve or have served as my bishop;
- churches I have regularly attended as an adult; and
- my employers;

whether to the best of their knowledge I have engaged in specified conduct that is relevant to the assessment of whether I am a suitable person to undertake ministry in the Church.

I have identified all positions in which I have held a bishop's licence or authority, all churches which I have regularly attended as an adult and my employers. I hereby authorise the Anglican Church and its delegates to contact and exchange information with them.

I further hereby authorise every one of those bishops, churches and employers to inform the Anglican Church and its delegates of any knowledge they may have relevant to the assessment of whether I am a suitable person for to undertake ministry in the Church.

I hereby authorise my referees to answer the Referee's Screening Questionnaire and to provide any information relevant to my application to you and your delegates.

Release from Liability *I hereby release from liability any person or organisation that provides information relevant to the assessment of my suitability to undertake ministry in the Church.*

I also agree to release the Anglican Church and its delegates from any and all liability as it relates to any investigation by them regarding the information contained in this application, or any action by them as a result of such investigation.

Acknowledgement *I understand that any material misstatement in or omission from this questionnaire may render me unfit to hold a particular or any office in the Church or to remain in employment in a Church body.*

Signature of applicant _____

Name of applicant (print) _____

Date _____

6 Statutory Declaration

Please initial each page of the document. Your signature must be witnessed by a person authorised in this jurisdiction to witness a Statutory Declaration. The witness is not required to read the document.

Declaration by applicant I, _____ (insert your full name)
of _____ (insert your full address)

do solemnly and sincerely declare that the information I have provided in this application and the information contained in any documents accompanying this application are true and correct to the best of my knowledge and belief.

Signature of applicant _____

Declared at _____ Date _____

Signature of Witness _____

Name of Witness (print) _____

Address of Witness _____

Title/Office held _____