



RHC Ministry Screening Questionnaire

For staff and volunteers aged 18 and over

Please Note: 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:/...../..... Male/Female

Address:

Phone:Email:

WWVP Number:

Please outline any health conditions that may affect your volunteer role?

.....
.....

Please circle 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 confidentially with a member of the Eldership Team. **A ‘yes’ answer will not automatically rule an applicant out of selection.**

Please note that, if you disclose any potentially criminal actions, the church may need to report this information to the police or other relevant government authorities – you will be made aware if this is to occur.

1. Have you ever been charged with or convicted of a criminal offence?	Yes / No
2. As an adult (18+ years) have you ever engaged in any of the following conduct:	
• 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. To your knowledge, has there ever been any allegations made against you regarding any abuse of a child, physical abuse or sexual misconduct?	Yes / No
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?	Yes / No
5. Have you had a history of alcohol abuse or substance abuse (including prescription, over the counter, recreational or illegal drugs)?	Yes / No
6. (if the ministry role may involve driving) Has your driver’s licence ever been revoked or suspended?	Yes / No
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ever had permission to undertake paid or voluntary work with children or other vulnerable people refused, suspended or withdrawn in Australia or any other country?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

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. Referees may be part of the Church.

Referee 1

Name: Phone:

Referee 2

Name: Phone:

WORKING WITH CHILDREN CHECK AND/OR NATIONAL POLICE CHECK

I consent to * verification of my RWVP number (in TAS, if required)
 * a National Police Check (for staff only if required)

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 Eldership may determine that I am unsuitable to serve in any role in the Church.
- I have received a copy of the *RHC Child Safe Policy* and am willing to uphold it.

Applicant’s signature:Date: