



**sydneyanglicans<sup>+</sup>**

OFFICE OF THE DIRECTOR  
OF SAFE MINISTRY

# REFRESHER CONFIDENTIAL LIFESTYLE QUESTIONNAIRE

Safe Ministry Check for Ministers: Applicants for  
Ordination, Licensed Ministers or Authorised Lay Ministers

|  |  |
|--|--|
| <b>Name:</b>   |  |
| <b>Role</b> (including Ordination<br>Candidacy if applicable): |  |
| <b>Parish or Organisation</b> (if<br>applicable):              |  |

## OFFICE USE

- Registry       Lay  
 Clergy  
 MT&D       Deacon Candidate  
 Presbyter Candidate

# 1 THE SAFE MINISTRY CHECK

## 1.1 TO THE CHURCH WORKER

Thank you for your willingness to complete this Safe Ministry Check. The Anglican Diocese of Sydney has established standards of conduct for clergy and church workers to maintain a safe and healthy ministry environment.

Our commitment to these standards requires regular checks to be conducted for all persons who are engaged in ordained ministry or authorised lay ministry. The information sought in this form is in accordance with the safe ministry requirements of the Anglican Diocese of Sydney, and not because we have any reason to believe that you have engaged in inappropriate conduct.

We are committed to supporting clergy and authorised lay ministers to live godly and holy lives that bring honour to Jesus, and to fostering a healthy culture in which sin can be acknowledged. The use of this form, and the accompanying interview process, is one way in which we engage with those working in this Diocese, to discuss these important and personal matters in a pastorally sensitive and confidential setting.

This Safe Ministry Check will also be used to assess your ongoing suitability to hold a licence or authority from the Archbishop for ministry in the Diocese of Sydney.

As part of this process, we request you answer a series of personal questions which some people may find invasive. We acknowledge that answering these questions may cause some people to experience feelings of guilt, shame, regret or distress. It is important to remember that providing a “yes” response does not automatically preclude your ministry from continuing. You can also request to complete this form in the context of a pastoral interview with a Diocesan Representative so the matters can be discussed in a supportive environment.

**This Refresher Questionnaire is for individuals who have previously completed a more comprehensive or long-form Safe Ministry Check (Confidential Lifestyle Questionnaire – CLQ) in the Diocese of Sydney as an ordained, licensed, authorised or paid church worker (for example when applying to become a candidate for ordained ministry or in respect of a previous position).**

**This refresher questionnaire pertains to your lifestyle and conduct since the completion of the earlier questionnaire, except for any matters not previously disclosed that you now consider ought to be disclosed.**

## 1.2 SUPPORT

Counselling support is also available prior to the completion of this form if you consider that it may be traumatising for you. Please contact the Office of the Director of Safe Ministry or Registry if you would like more information about this. Otherwise, if distressing matters are raised for you by the completion of this form you can speak with the Diocesan representative who has requested that you complete it. They will be able to connect you with appropriate professionals that can provide support if needed. You are also welcome to bring another person with you to provide support at your interview (should one be required) and you can discuss this with the Diocesan representative at the time of booking your interview.



## 1.3 COMPLETING THE FORM

1. Clergy and church workers in the Diocese of Sydney are expected to be familiar with and to comply with Faithfulness in Service. Before completing this form please read Faithfulness in Service, which can be downloaded from the Safe Ministry website at: <https://safeministry.org.au/faithfulness-in-service-code-of-conduct/>
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 sections.

Please tick either **YES** or **NO** for each question. Although questions require a **YES** or **NO** response additional information can be provided at the bottom of each page in the space provided. If you are unsure how to answer a question you can leave the response blank and request an interview with a Diocesan Representative and then complete your answer during the interview. If the answer to any of the questions is “yes”, please indicate the question number, and provide relevant information regarding your response and indicate the current status of the issue(s) in the space provided or on an additional sheet if more space is required. If you are not sure what is meant by an underlined word or phrase, please consult the Key Terms in *Faithfulness in Service*.

Failure to make a full disclosure of matters which might affect your reputation and character as an ordained minister or a lay minister could result in church disciplinary action being taken against you if allegations or relevant information come to light at a later point. Disclosed conduct which could be child abuse or a serious sexual offence must be specifically considered by the Archbishop and his advisors under the *Ministry Standards Ordinance 2017*.

4. Following completion of this form, please initial each page of this form in the space provided.
5. When completing this Refresher CLQ an interview with a Diocesan Representative is not always required, however, an interview will be required or may be arranged in the following circumstances:
  - (a) if it has been 10 years since you last had a CLQ interview with a Diocesan Representative.
  - (b) if the Diocesan Representative assessing your form or Director of Safe Ministry, considers it would be beneficial, based on your responses in the form.
  - (c) at your request.

If an interview is required, you will be notified by the Diocesan Representative. If you are unsure or if you would like to request an interview you can email the Registry office or Regional Bishop’s office.



## 1.4 CONFIDENTIALITY & PRIVACY

The information you provide in this form and in connection with it will be kept confidential, except that it may be used and disclosed for the purposes set out below and for other purposes with your consent.

The information will be used to assess your suitability for ministry in the Diocese of Sydney. In practice, this means that the information will be seen by the Diocesan Representative receiving this form (or if applicable conducting the interview) and the Director of Safe Ministry (Director) and/or the staff of the Office of the Director of Safe Ministry (ODSM) working on behalf of the Director.

Once the ODSM has processed the form, it will be sealed in an envelope, put on your personnel file and stored securely in the Diocesan Registry. An electronic storage method may also be used that has materially equivalent restrictions and security measures. If matters are raised in the form that require the attention of the Archbishop (or an Assistant Bishop or MT&D on his behalf), the Director will provide the Archbishop (or Assistant Bishop or MT&D) a report outlining the concerns. The Archbishop (or Assistant Bishop or MT&D) may also be provided with the completed version of this form.

If as a result of the matters disclosed in this form (or if applicable during the interview process) the subsequent issuing of a licence or authority is done on a conditional basis, the conditions set by the Archbishop will be made known to the Diocesan Registrar in the context of issuing the licence or authority and may be made known to your Rector as appropriate.

The information may also be used and disclosed for the following purposes:

- (a) To comply with laws requiring the reporting of conduct or circumstances to the police, the Children's Guardian or other authority.
- (b) In other circumstances where use or disclosure of the information is required by law (e.g. in response to a subpoena or a direction from a commission of enquiry).
- (c) To investigate and deal with allegations and admissions of misconduct under the *Ministry Standards Ordinance 2017* (or other applicable professional standards ordinance).
- (d) To protect any person from the risk of being harmed.
- (e) To obtain legal advice or other professional advice or for the purpose of legal proceedings.
- (f) To comply with disclosure obligations under a policy of insurance.

In addition, some or all of the information in section 2 of the form will be stored on the Diocesan Registry Database. The use and disclosure of this information will be subject to the Sydney Anglican Services (SAS) Privacy Policy, which is available on the Sydney Anglicans website ([docs.sydneyanglicans.net](https://docs.sydneyanglicans.net)).

### PRIVACY CONCERNS

- I would like someone from the Diocesan Registry to contact me to discuss my privacy concerns regarding the use and disclosure of my personal contact information as set out in section 2 of this form.



# 2 THE APPLICANT

## 2.1 PERSONAL DETAILS

|  |   |
|--|---|
| <b>Title</b>   | <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: <input type="text"/> |
| <b>Legal Name</b>                                    | <b>First Name(s):</b> <input type="text"/>  |
|  | <b>Surname:</b> <input type="text"/>  |
|  | <b>Date of Birth:</b> <input type="text"/>  |
|  | <b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female   |
|  | <b>Marital status:</b> <input type="text"/>   |
|  | <b>Date of Marriage:</b> <input type="text"/>   |
|  | <b>Name of Spouse:</b> <input type="text"/>   |
| <b>Your Current Occupation:</b> <input type="text"/> |   |
| <b>Current Address</b>                               | <b>Number, Street:</b> <input type="text"/>   |
|  | <b>Suburb/Town &amp; Postcode:</b> <input type="text"/>   |
|  | <b>State, Country:</b> <input type="text"/>   |
| <b>Contact Details</b>                               | <b>Mobile Phone:</b> <input type="text"/>   |
|  | <b>Email:</b> <input type="text"/>  |
| <b>Working with Children Check</b>                   | <b>Number:</b> <input type="text"/>   |
|  | <b>Expiry Date:</b> <input type="text"/>  |
| <b>Safe Ministry Training</b>                        | <b>Complete the following details of your most recent Safe Ministry Training course:</b>  |
|  | <b>Name of Course:</b> <input type="text"/>   |
|  | <b>Date of Completion:</b> <input type="text"/>   |
|  | <b>Certificate Code (if supplied):</b> <input type="text"/>   |
|  | <b>Issuing Diocese or Organisation:</b> <input type="text"/>  |

If NOT Sydney Diocese please supply copy of certificate.

**Note:** If you have completed the Sydney Diocesan Safe Ministry Training, you can find the above information by [logging into](#) the Training website and going to the 'My course dashboard' page.



# 3 LIFESTYLE QUESTIONS

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

If the answer to any of the following questions is **YES**, please indicate the question number, and provide relevant information regarding your response and indicate the current status of the issue(s) in the note section at the bottom of the page or on an additional sheet if more space is required. If you are unsure how to answer you can leave the question blank and discuss it during the accompanying interview process.

If you are not sure what is meant by a word or phrase in bold print, please consult the Key Terms in *Faithfulness in Service*.

## 3.1 HEALTH & SOCIAL ISSUES

|  |  |
|--|--|
| a) Do you have any health condition(s) which may affect your work?   | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| b) Since completing your last CLQ have you over-used or abused alcohol, prescription or over-the-counter medications or have you used any recreational or illegal drugs or any prohibited substance/s? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| c) Since you last completed your CLQ have you engaged in gambling? If so please describe the nature and frequency of your gambling.  | <input type="checkbox"/> No <input type="checkbox"/> Yes |

**If YES:** Please describe the nature and frequency of your gambling:

Please provide any additional notes in the space below.

| Question | Note |
|----------|------|
|          |      |



# 3.1 HEALTH & SOCIAL ISSUES (CONTINUED)

## The Alcohol Use Disorders Identification Test : Self-Report Version

Please select one box for each question that best describes your answer and note the column number in the score section

| Question |   | 0             | 1                        | 2                                    | 3                       | 4                                | Score |
|----------|---|---------------|--------------------------|--------------------------------------|-------------------------|----------------------------------|-------|
| 1        | How often do you have a drink containing alcohol?   | <i>Never</i>  | <i>Monthly or less</i>   | <i>2-4 times a month</i>             | <i>2-3 times a week</i> | <i>4 or more times a week</i>    |       |
| 2        | How many standard drinks containing alcohol do you have on a typical day when you are drinking?                                   | <i>1 or 2</i> | <i>3 or 4</i>            | <i>5 or 6</i>                        | <i>7 to 9</i>           | <i>10 or more</i>                |       |
| 3        | How often do you have six or more drinks on one occasion?   | <i>Never</i>  | <i>Less than monthly</i> | <i>Monthly</i>                       | <i>Weekly</i>           | <i>Daily or almost daily</i>     |       |
| 4        | How often during the last year have you found that you were not able to stop drinking once you had started?                       | <i>Never</i>  | <i>Less than monthly</i> | <i>Monthly</i>                       | <i>Weekly</i>           | <i>Daily or almost daily</i>     |       |
| 5        | How often during the last year have you failed to do what was normally expected of you because of drinking?                       | <i>Never</i>  | <i>Less than monthly</i> | <i>Monthly</i>                       | <i>Weekly</i>           | <i>Daily or almost daily</i>     |       |
| 6        | How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session? | <i>Never</i>  | <i>Less than monthly</i> | <i>Monthly</i>                       | <i>Weekly</i>           | <i>Daily or almost daily</i>     |       |
| 7        | How often during the last year have you had a feeling of guilt or remorse after drinking?   | <i>Never</i>  | <i>Less than monthly</i> | <i>Monthly</i>                       | <i>Weekly</i>           | <i>Daily or almost daily</i>     |       |
| 8        | How often during the last year have you been unable to remember what happened the night before because of your drinking?          | <i>Never</i>  | <i>Less than monthly</i> | <i>Monthly</i>                       | <i>Weekly</i>           | <i>Daily or almost daily</i>     |       |
| 9        | Have you or someone else been injured because of your drinking?   | <i>No</i>     |                          | <i>Yes, but not in the last year</i> |                         | <i>Yes, during the last year</i> |       |
| 10       | Has a relative, friend, doctor or other health care worker expressed concerned about your drinking or suggested you cut down?     | <i>No</i>     |                          | <i>Yes, but not in the last year</i> |                         | <i>Yes, during the last year</i> |       |
|          |   |               |                          |                                      |                         | <b>Total</b>                     |       |

Source: Adapted from World Health Organisation AUDIT Second Edition

Please provide any additional notes in the space below.

| Question | Note |
|----------|------|
|          |      |



## 3.2 CRIMINAL & OTHER OFFENCES & PROFESSIONAL MISCONDUCT

Throughout this form charged indicates formal allegations made against you or allegations made to a court, disciplinary tribunal or employer in Australia or in any other country.

|  |  |
|--|--|
| <p>a) Since completing your last CLQ have you been charged or convicted of a criminal offence or had to attend court in relation to a traffic offence? (Getting a parking or speeding fine is not a criminal offence.)</p>             | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| <p>b) This question relates to action before a licensing board, professional or community association, sports club, employer, educational institution, training program, church or any other body. Since completing your last CLQ:</p> |  |
| <p>i) Has disciplinary action of any sort ever been taken against you?</p>   | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| <p>ii) Have there been charges or written complaints against you to the above-named bodies that did not result in discipline?</p>  | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| <p>iii) Are there charges pending against you before any of the above-named bodies?</p>  | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| <p>iv) Have you ever been asked to resign or cease volunteer work or had your employment terminated by any of the above-named bodies?</p>  | <input type="checkbox"/> No <input type="checkbox"/> Yes |

## 3.3 LICENCES

|  |  |
|--|--|
| <p>a) Since your last CLQ has your licence to drive a motor vehicle ever been revoked or suspended?</p>  | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| <p>b) Since your last CLQ, if you have held or applied for a firearms licence have you had that licence or application refused or revoked?</p> | <input type="checkbox"/> No <input type="checkbox"/> Yes |

Please provide any additional notes in the space below.

| Question | Note |
|----------|------|
|          |      |



## 3.4 FINANCIAL MATTERS

Throughout this form charged indicates formal allegations made against you or allegations made to a court, disciplinary tribunal or employer in Australia or in any other country.

|   |  |
|---|--|
| <p><b>a) Since completing your last CLQ have you been accused of, charged with, or investigated for suspected misappropriation or mishandling of funds or otherwise breaching fiduciary duties in any capacity?</b></p>   | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| <p><b>b) Since completing your last CLQ have you been charged with an offence under taxation laws?</b></p>  | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| <p><b>c) Since completing your last CLQ have you had an order made against you or entered into an agreement with creditors or an assignment for the benefit of creditors under the <i>Bankruptcy Act 1966</i> or have you ever had an order made against you under any Act regulating corporations?</b></p> | <input type="checkbox"/> No <input type="checkbox"/> Yes |

## 3.5 CHILD PROTECTION

Throughout this form charged indicates formal allegations made against you or allegations made to a court, disciplinary tribunal or employer in Australia or in any other country.

|  |  |
|--|--|
| <p><b>a) Since completing your last CLQ, so far as you are aware, is there any behaviour or experience that may result in allegations being made against you of abuse in relation to children or young persons under 18 years?</b></p> | <input type="checkbox"/> No <input type="checkbox"/> Yes |
|--|--|

Child abuse means:

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. (The context of this conduct includes personally, virtually or by any electronic means.)

Please provide any additional notes in the space below.

| Question | Note |
|----------|------|
|          |      |



## 3.5 CHILD PROTECTION

|  |  |
|--|--|
| b) So far as you are aware, since completing your last CLQ have you been the subject of an investigation concerning your care of children or young persons, or your behaviour towards or in the presence of children or young persons by the Police, a child protection authority or any other proper authority? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| c) Since completing your last CLQ has a child or dependent young person in your care (as a parent or in any other capacity) 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) Since completing your last CLQ have you had permission to undertake paid or voluntary work with children been refused, suspended or withdrawn in Australia or any other country?  | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| e) Since completing your last CLQ have you been charged with the production, sale or distribution of, or illegal access to, <u>child exploitation material</u> ?   | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| f) Since completing your last CLQ have you possessed, accessed, published or viewed <u>child exploitation material</u> ?   | <input type="checkbox"/> No <input type="checkbox"/> Yes |

## 3.6 ABUSIVE CONDUCT

Throughout this form charged indicates formal allegations made against you or allegations made to a court, disciplinary tribunal or employer in Australia or in any other country.

|  |  |
|--|--|
| a) Since completing your last CLQ have you had an apprehended violence order, order for protection or the like issued against you as a result of allegations of violence, abuse, likely harm, <u>harassment</u> or stalking? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| b) Since completing your last CLQ have you been charged with verbal or physical <u>harassment</u> ?  | <input type="checkbox"/> No <input type="checkbox"/> Yes |

Please provide any additional notes in the space below.

| Question | Note |
|----------|------|
|          |      |



## 3.6 ABUSIVE CONDUCT (CONTINUED)

c) Since completing your last CLQ have you engaged in or been accused of domestic abuse\*, **bullying**, verbal abuse or violence within your family or with others?

No  Yes

*\*Domestic abuse means:*

Conduct in relation to a person in your family or an intimate partner and includes:

- Emotional, verbal, social, economic, psychological, spiritual, physical and sexual abuse.

For a more extensive definition of these terms refer to Appendix 1 of the [Anglican Diocese of Sydney Responding to Domestic Abuse: Policy and Good Practice Guidelines](#)

## 3.7 SEXUAL CONDUCT & MISCONDUCT

The questions in this, and the following section, deal with sensitive topics around sexual history of a highly personal nature. Answering these questions may cause some applicants to experience feelings of guilt, shame, regret or distress. It is important to remember that providing a “yes” response does not automatically preclude you from ongoing ministry. You may wish, for personal reasons, to leave a question blank and request an interview with a Diocesan representative.

Certain disclosures (of sexual offences or sexual misconduct involving children) could trigger reporting obligations with the Office of the Children’s Guardian (OCG) under the NSW Reportable Conduct Scheme. If this occurs you will be notified and supported while the matter is being investigated or considered for exemption from investigation.

As noted in the instructions section of this form, you do not need to disclose again matters that have already been disclosed in a previous Safe Ministry Check or Confidential Lifestyle Questionnaire. This refresher questionnaire pertains to your lifestyle and conduct since the completion of any earlier questionnaire, except for any matters not previously disclosed that you now consider ought to be disclosed.

**NOTE: If you were sexually abused or assaulted, this is not considered to be “sexual contact”, “sexual activity”, “same-sex activity or relationship” or “sexual conduct” for the purposes of answering questions in this form and does not require a “yes” answer.**

Throughout this form charged indicates formal allegations made against you or allegations made to a court, disciplinary tribunal or employer in Australia or in any other country.

Please provide any additional notes in the space below.

| Question | Note |
|----------|------|
|          |      |



## 3.7 SEXUAL CONDUCT & MISCONDUCT (CONTINUED)

a) Is there any information that you have not previously disclosed in a Confidential Lifestyle Questionnaire with this Diocese, that may result in allegations being made against you of ***sexual conduct***\* which might be regarded in this Diocese as disgraceful and inconsistent with the standards to be observed by a Christian?

No  Yes

\**Sexual conduct* referred to in this form includes sexually motivated interactions ranging from conversations through to sexual intercourse of any kind with a person of either the same sex or opposite sex. The context of the conduct includes physically, virtually or by any electronic means.

b) Since completing your last CLQ have you been charged with an offence related to ***sexual misconduct***\* or sexual harassment?

No  Yes

\**Sexual misconduct* includes:

- Abuse of power or role for sexual purposes
- Sexual conduct with a person under the age of consent (16yrs in NSW) or with an adult not competent to give consent
- Sexual assault (e.g., rape)
- Soliciting for sexual purposes.

c) Since completing your last CLQ have you engaged, or attempted to engage in any of the following conduct, other than with your spouse, even though never having been charged?

No  Yes

- Sexual contact with a parishioner, client, patient, student, employee or subordinate or with someone for whom you had a relationship of special care.
- Sexual contact with a person under the age of consent in circumstances where you were more than 2 years older than the person.

d) Since completing your last CLQ have you been involved in any same-sex activity or relationship?

No  Yes

e) Since completing your last CLQ have you been involved in sexual conduct outside of marriage (this includes sexual activity prior to marriage and/or extra-marital sexual conduct)?

No  Yes

Please provide any additional notes in the space below.

| Question | Note |
|----------|------|
|          |      |



# 3.8 SEXUAL CONDUCT & MISCONDUCT: PORNOGRAPHY & SEXTING

|  |  |
|--|--|
| a) Since completing your last CLQ have you been involved with the production, sale or distribution of, or illegal access to pornographic materials?  | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| b) Since completing your last CLQ have you viewed, read or listened to material which would be judged pornographic in this Diocese? This includes, but is not limited to, inappropriate participation in online forums or groups and through the use of social media platforms and apps. | <input type="checkbox"/> No <input type="checkbox"/> Yes |

If **NO**: Go to 3.9. If **YES**: Please complete the following questions.

c) If you answered **YES** to 3.8 b), please complete the following:

i) When did you last access pornography?

---

ii) on average how often have you viewed/accessed pornography:

In the last 6 months?

In the last 12 months?

In the last 2 years?

---

iii) What are your strategies for resisting/dealing with this issue?

Please provide any additional notes in the space below.

| Question | Note |
|----------|------|
|          |      |



## 3.9 GENERAL

a) Have you done anything else (other than what you have already disclosed in a previous CLQ or disclosed above) likely to adversely affect your reputation and character or that might affect your fitness to hold a licence or authority from the Archbishop or be ordained (as applicable)?

No  Yes

If **YES**: Please provide details below:

---

Please provide any additional notes in the space below.

| Question | Note |
|----------|------|
|          |      |



# 4 STATEMENTS

## AUTHORITY FOR INFORMATION

I understand that it is the policy of the Anglican Diocese of Sydney 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 Diocese of Sydney 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 Diocese of Sydney and its delegates of any knowledge they may have relevant to the assessment of whether I am a suitable person to undertake ministry in the Church.

I also hereby authorise the person undertaking the assessment to access any and all prior Safe Ministry Checks and Lifestyle Questionnaires completed by me for the purpose of assessing whether I am a suitable person to undertake ministry in the Church.

## 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 Diocese of Sydney 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 have received and read a copy of the current edition of the [Faithfulness in Service Code of Conduct of the Anglican Church Diocese of Sydney](#), and I understand that the Code applies to all clergy and church workers.

I understand that I must hold a current Working With Children Check (WWCC) through the NSW Office of the Children's Guardian and provide the WWCC clearance number and expiry date whilst ever I am engaged in work in the Diocese of Sydney. I understand that it is illegal to undertake child-related work in NSW without holding a WWCC clearance and providing this to the Diocesan Registry in order for verification to take place.

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.

I acknowledge the Privacy and Confidentiality terms set out in this form that are applicable to the information I provide on this form and in connection therewith.

**Signature of Applicant:**

**Name of Applicant:**

**Date:**



# 5 STATUTORY DECLARATION

**Your signature must be witnessed by a person authorised to witness a Statutory Declaration in New South Wales** (such persons include a justice of the peace, a notary public, a solicitor or barrister with a current New South Wales or interstate practicing certificate, or a commissioner of the court for taking affidavits.).

**If an interview is being conducted, leave this section blank to be completed at the interview.**

## 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 including previous pages initialled by me 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:**   
**Date:**

## DECLARATION BY WITNESS

I,  (full name of JP/Solicitor)  
a JP/Solicitor for NSW,  , certify  
(JP Registration number, if applicable)

- I saw the face of the declarant OR
- I did not see the face of the declarant because he/she was wearing a face covering, but I am satisfied the he/she had a special justification for not removing it, and
- I have known the person for at least 12 months OR
- I confirmed the person's identity with

(Describe identification document relied on)

**Signature of Applicant:**   
**Date:**



# TO BE COMPLETED BY INTERVIEWER DURING INTERVIEW

The questions were discussed with the applicant by:

Name:

Position:

Date:

The questions were answered satisfactorily, and no further action was recommended.

OR

The applicant was advised to:

Signature of Interviewer:

Signature of Applicant:

## Applicant Checklist

### Check once completed

- All questions are answered.
- If you answer 'Yes' to a question, please provide an explanation in the 'notes' section.
- Is police check attached? *(Must be current within the last 6 months) (Only required if you have not provided one in the last 10 years).*
- Statutory Declaration has been witnessed by duly authorised person; *(and each page initialled)*. **NOTE:** If you are required to have an interview please leave the Statutory declaration blank to be completed at the interview and please bring this form along with the relevant attachments at the time of your interview.

## Interviewer Checklist

### Check once completed

- Verified copies of photo identification are attached? *(Only required if it is the first time the applicant is completing a CLQ)*
- When there is a 'Yes' answer to a question ensure an explanation is provided in the notes section *(interviewer needs to make sure the applicant completes this during the interview, if one is required);*
- Statutory Declaration has been witnessed by duly authorised person; *(and each page initialled)*
- If an interview has been conducted, please ensure last section "To be completed by interviewer during interview" is completed, with any comments needed and interviewer and applicant signature *(page 17)*.



Office of the Director of Safe Ministry  
PO Box Q412  
QVB Post Office NSW 1230

## OFFICE USE ONLY

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**ODSM  
Database:**

*(Date Cleared)*

**National  
Register:**

*(Date Cleared)*

**Reviewed  
by ODSM:**

*(Signature)*

*(Print Name)*

**Position:**

**Date:**

