**Catholic Diocese of Bunbury**

**Safeguarding Personal Declaration**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Confidential | | | | | | | | | | | | |
| * Church worker | | * Clergy/Religious | | | * Seminarian | | | | * Paid | | | * Unpaid |
| Role/s | |  | | | | | | | | | | |
| Surname | |  | | | | First name/s | | |  | | | |
| Name previously known by | | | |  | | Date of birth | | | / / | | | |
| Address | |  | | | | | | | | | | |
| Email | |  | | | | | | | | | | |
| Mobile Number | |  | | | | Phone Number | | | |  | | |
| Diocese/Religious Institute/Parish/Agency/Office Name | | | | | |  | | | | | | |
| WA Working with Children Card No (If applicable) | | | | | |  | | | Expiry Date | |  | |
| Other than the Parent or Child Volunteer Exemption, have you been denied a WA WWCC Card? | | | | | | | | | | | * Yes ☐ No | |
| National Police Clearance No (If applicable) | | | | | |  | | | Issue Date | |  | |
| ACMR Australian Catholic Ministry Register ID (If applicable) | | | | | |  | | | | | | |
| Please mark those statements that you are currently able to affirm unconditionally   * There are not currently any complaints of abuse against me * I am not subject to any past substantiated complaint of abuse. * There are no circumstances that could lead to a complaint of abuse against me. * There are no other circumstances past or present that may lead to a conclusion that I pose a risk to children, young people or adults at risk. * I have read, understood, and will comply with the Catholic Diocese of Bunbury Code of Conduct | | | | | | | | | | | | |
| If you are unable to affirm any of these statements, please provide further details below and any relevant documentation. | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| VISITING CLERGY, RELIGIOUS & LAITY USE ONLY (if applicable): | | | | | | | | | | | | |
| Visitation Dates | | | From: | / / | | | To: | / / | | | | |
| Purpose of Visit | | | |  | | | | | | | | |
| Visitation Location/Address | | | |  | | | | | | | | |
| Non-WA WWCC No. | | | |  | | Expiry Date | |  | | | | |
| Declaration | | | | | | | | | | | | |
| The information provided is correct. I understand that, if it is found I have withheld information or included any false or misleading information, I may be removed from my position without notice. I understand that I may be subject to further checks. This information will be kept securely at the Office of the Bishop, Parish, or Safeguarding Office. | | | | | | | | | | | | |
| Sign |  | | | | | Date |  | | | | | |
| Name |  | | | | | | | | | | | |
| CLERGY/RELIGIOUS RETURN THIS FORM TO THE OFFICE OF THE BISHOP AND RETAIN A COPY  CHURCH WORKERS (PAID AND UNPAID) RETURN THIS FORM TO THE PARISH OFFICE  SAFEGUARDING OFFICERS RETURN THIS FORM TO THE SAFEGUARDING OFFICE AND RETAIN A COPY | | | | | | | | | | | | |
| Safeguarding Office: (08) 9721 0500  Office of the Bishop:: (08) 9721 0500 | | | | | Email: [safeguarding@bunburycatholic.org.au](mailto:safeguarding@bunburycatholic.org.au) Email: [janet.ohare@bunburycatholic.org.au](mailto:janet.ohare@bunburycatholic.org.au) | | | | | | | |