

COMMITTEE FOR THE MINISTRY

CONFIDENTIAL QUESTIONNAIRE ACCREDITATION / RECOGNISED MINISTER APPLICATION

Personal details

Personal details and relevant information may be used and disclosed by the Association of Baptist Churches of NSW/ACT for the purposes of the Association, including being added to the Database of the Baptist Association and any updates of the Database.

Title	
Surname	
Given Names	
Date of Birth	
Address	
	Postcode
Telephone	Home ()
	Work ()
	Mobile
Email Address	
Marital Status	
Spouse's Name	

I consent to the information contained in this application including the subsequent pages Initialed by me and the information contained in any documents accompanying this application and signed by me being collected by the Committee for the Ministry. I understand that this information will be kept in a confidential file and used only for screening purposes (except those paragraphs marked *).

Page 1 Initialed

CONFIDENTIAL QUESTIONNAIRE **ACCREDITATION / RECOGNISED MINISTER APPLICANT**

Please tick either "yes" or "no" for each question. If the answer to any of the following questions is "yes", please indicate the question number, provide relevant information regarding your response and indicate current status of the issue(s) if any. Any disclosure will not automatically rule an applicant out of selection. Failure to make a full disclosure of matters which might affect your reputation and character as an accredited/recognised minister could result in Committee for Ministry disciplinary action being taken against you if allegations or information comes to light subsequent to your accreditation/recognition. Disclosure of conduct which could be child abuse or a serious sexual offence must be specifically considered by the Director of Ministries and referred to the appropriate authorities.

Throughout this document "charged" 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.

Gei	neral	
1.		made any previous application for accreditation/recognition with the Association Churches of NSW/ACT or elsewhere? No $\;\Box$
2.	Have you above? Yes □	ever, since the age of eighteen, been known by any name other the one given $\mbox{\rm No} \ \ \Box$
3.	Have you	done anything likely of affect adversely your reputation and character that might r fitness to be accredited? No No Output Description:
Chi	ld Protecti	on
4.	against you Child abus sexual abu	y information from your past or present that may result in allegations being made u of abuse in relation to children or young persons under 18 years? se means: bullying; emotional abuse; harassment; neglect; physical abuse or use. No
5.	your work	we any health problem(s), including alcohol or drug use/abuse, which may affect with people including children or young persons? No $\ \square$
6.	investigation Protection	you are aware, are you currently or have you ever been the subject of an on by the police, Department of Family and Community Services, any Child Authority, employer or other proper authority? No $\;\square$
7.	your care of	you are aware, have you ever been the subject of an investigation concerning of, or your behaviour towards or in the presence of, children or young persons? No $\;\square$
8.	people refu	ever had permission to undertake paid or voluntary work with children or young used, suspended or withdrawn in Australia or another Country? No $\;\square$
9.	withdrawn with Vulne	ever had an authorisation to work with children refused, suspended, barred or in Australia or any other country? E.G: Working with Children Check; Working rable People; Blue Card, etc No $\ \square$

Page 2 Initialed

Em	ployme	nt, Volunteer or Professional Conduct
11.	a.	Has disciplinary action of any sort ever been taken against you by a professional or community association, employer, educational institution, church or any other body? Yes $\hfill\square$ No $\hfill\square$
	b.	Have there been written complaints against you that did not result in discipline? Yes $\hfill\Box$ No $\hfill\Box$
	C.	Are there complaints pending against you before any of the above-named bodies? Yes $\ \square$ $\ $ No $\ \square$
		ou ever done anything in the past or present that may result in allegations being against you of bullying or any form of harassment of adults? No $\ \square$
		rou ever been asked to cease volunteer work, resign or had your employment ated by a voluntary association, training program, employer, church or any other No $\ \square$
14.	a.	Have you ever had a civil suit brought against you arising out of alleged professional misconduct, or is any such pending? Yes \Box No \Box
	b.	Have you ever had professional indemnity insurance declined, suspended or revoked for any reason? Yes $\hfill\Box$ No $\hfill\Box$
Crir	ninal C	onduct
15.	Have y Yes □	you ever been convicted of a criminal offence? ☐ No □
16.	Have y Yes □	you ever been charged with a criminal offence? ☐ No □
17.	Have y Yes □	you ever been charged with any offence related to cruelty to animals? \Box No \Box
18.	Have y Yes □	you ever been charged with a traffic offence which required you to attend court? ☐ No □
19.	Has yo Yes □	our driver's license ever been revoked or suspended? ☐ No □
20.	Violen	you ever had an Apprehended Domestic Violence Order, Apprehended Personal ce Order or the like issued against you as a result of allegations of violence, abuse, narm, harassment, stalking, etc? $\square No \square$
21.	Have y Yes □	you ever had a license to own firearms refused or revoked? ☐ No □

Personal Conduct

22.	Have you ever used a prohibited drug or prohibited substance? Yes □ No □ If yes what type and for how long?
23.	Have you ever participated in any occult practice? Yes \square No \square
24.	Describe your attitude to and your use of alcohol. (<i>Please also complete Annexure A on page 9</i>).
25.	Do you have a history of alcohol abuse?
	Yes □ No □ If yes: have you received treatment for this? Yes □ No □ When/Where:
26.	Do you have a history of drug abuse with prescription, over-the-counter, recreational or illegal drugs? Yes \square No \square
	If yes: have you received treatment for this? Yes No When/Where:
27.	Do you have a history of a problem with gambling? Yes □ No □
	If yes: have you received treatment for this? Yes □ No □ When/Where:
Sex	cual Conduct
28.	Have you ever been charged with an offence relating to sexual misconduct? Yes $\hfill\Box$ No $\hfill\Box$
	 Sexual misconduct includes: abuse of power or role for sexual purposes, not only sexual intercourse but also intentional touching and sexual conversation of any kind with a person in a pastoral or professional relationship (eg. a congregational member, youth group member, client, patient, employee, student, subordinate), not only sexual intercourse but also intentional touching and sexual conversation of any kind with a person under the age of consent or an adult incompetent to give consent, sexual assault (eg. rape), soliciting for sexual purposes, an offence related to pornography or public indecency (eg. indecent exposure).
29.	Have you ever been charged with an offence related to sexual harassment? Yes $\hfill\Box$ No $\hfill\Box$
	Sexual harassment includes: sexual advances, requests for sexual favours, sexually motivated physical contact, verbal or physical domination of a sexual nature.
30.	Have you ever been charged with having engaged in sexual conduct with persons under the legal age of consent? Yes $\hfill\Box$ No $\hfill\Box$

	against yo Baptist Christian?	y information from your past or present that may result in allegations being made u of sexual conduct which would be regarded by right thinking members of urches as disgraceful and inconsistent with the standards to be observed by a No □
32.	•	peen involved in a homosexual relationship? No □
33.	•	been involved in a sexual relationship outside of marriage? No $\ \square$
34.	by right th	ever viewed, read or listened to material, which would be judged pornographic ninking members of Baptist churches? This includes but is not limited to ate participation in Internet chat rooms. No $\ \square$
35.	•	ever been charged with the production, sale or distribution of, or illegal access aphic materials? No $\;\Box$
36.	charged?sexual employesexual employeillegal uconduct	ever engaged in any of the following conduct, even though never having been contact with a church member, youth group member, client, patient, student, ee or subordinate, contact with a person under the age of consent, use, production, sale or distribution of pornographic materials, to likely to cause harm to a child or young person, or to put them at risk of harm. No
Fina	ancial Cond	duct
37.		ever been charged with misappropriating funds, or otherwise breaching fiduciary ny capacity? No $\ \square$
38.	•	ever been charged with an offence under the taxation laws? No $\ \square$
39.	or an assignad had an ord	ever had an order made against you or entered into a composition with creditors gnment of the benefit of creditors under the "Bankruptcy Act" or have you ever ler made against you under the "Corporations Act"? No $\ \square$
Inte	rstate/Inter	national Residence
40.	country?	ever resided or worked in any other Australian state or territory or any other No $\ \square$
	If YES	please list all the countries and states (in table on page 6)

Page 5 Initialed

State or Country			Address				
Red	ord of Chr	istian Ministry					
Incl	ude in this li	ist every church y	ou have attend	ed regularly dui	ring your adult lif	e.	
	Position	Church or Organisation	Location	Senior Minister	Date From	Date To	
					/ /	/ /	
					/ /	/ /	
					/ /	/ /	
					/ /	/ /	
					/ /	/ /	
					/ /	/ /	
					/ /	/ /	
					/ /	/ /	
41.		onsent to the Com ts equivalent if yo No □				Federal Police	
42.		consent to a NS e People check be No □			eck or an ACT	Working with	
43.	43. Are you able to declare that you are not a person prohibited from seeking, undertaking or remaining in child related employment under the NSW Child Protection (Prohibited Employment) Act 1998? Yes □ No □						
44.	44. Will you consent to the Baptist Association making due diligence checks with another Christian organization with which you have worked? Yes □ No □						

do solemnly and sincerely declare that: 1. The information I have provided in this application including the previous pages initialed by me and the information contained in any documents accompanying this application and signed by me are true and correct to the best of my knowledge and belief; 2. I have received a copy of the current edition of the Code of Ethics and Conduct for Baptist Ministers in NSW & ACT; 3. I understand that the Code applies to all pastors; 4. I understand that any materials misstatement in or omission from this questionnaire may render me unfit to remain an accredited/recognised minister. 5. I authorise the Director of Ministries or his delegate to contact and exchange information provided with any institution or persons in an endeavor to verify any information provided in support of my application. Applicant's signature		STATUTORY DECLARATION				
do solemnly and sincerely declare that: 1. The information I have provided in this application including the previous pages initialed by me and the information contained in any documents accompanying this application and signed by me are true and correct to the best of my knowledge and belief; 2. I have received a copy of the current edition of the Code of Ethics and Conduct for Baptist Ministers in NSW & ACT; 3. I understand that the Code applies to all pastors; 4. I understand that any materials misstatement in or omission from this questionnaire may render me unfit to remain an accredited/recognised minister. 5. I authorise the Director of Ministries or his delegate to contact and exchange information provided with any institution or persons in an endeavor to verify any information provided in support of my application. Applicant's signature	~4					
do solemnly and sincerely declare that: 1. The information I have provided in this application including the previous pages initialed by me and the information contained in any documents accompanying this application and signed by me are true and correct to the best of my knowledge and belief; 2. I have received a copy of the current edition of the Code of Ethics and Conduct for Baptist Ministers in NSW & ACT; 3. I understand that the Code applies to all pastors; 4. I understand that any materials misstatement in or omission from this questionnaire may render me unfit to remain an accredited/recognised minister. 5. I authorise the Director of Ministries or his delegate to contact and exchange information provided with any institution or persons in an endeavor to verify any information provided in support of my application. Applicant's signature	OI					
 The information I have provided in this application including the previous pages initialed by me and the information contained in any documents accompanying this application and signed by me are true and correct to the best of my knowledge and belief; I have received a copy of the current edition of the Code of Ethics and Conduct for Baptist Ministers in NSW & ACT; I understand that the Code applies to all pastors; I understand that any materials misstatement in or omission from this questionnaire may render me unfit to remain an accredited/recognised minister. I authorise the Director of Ministries or his delegate to contact and exchange information provided with any institution or persons in an endeavor to verify any information provided in support of my application. Applicant's signature. Date. Your signature must be witnessed by a person authorised to witness a Statutory Declaration. FULL NAME OF JP JP REGN NO a Justice of the Peace for State or Territory						
me and the information contained in any documents accompanying this application and signed by me are true and correct to the best of my knowledge and belief; 2. I have received a copy of the current edition of the Code of Ethics and Conduct for Baptist Ministers in NSW & ACT; 3. I understand that the Code applies to all pastors; 4. I understand that any materials misstatement in or omission from this questionnaire may render me unfit to remain an accredited/recognised minister. 5. I authorise the Director of Ministries or his delegate to contact and exchange information provided with any institution or persons in an endeavor to verify any information provided in support of my application. Applicant's signature Your signature must be witnessed by a person authorised to witness a Statutory Declaration. I FULL NAME OF JP JP REGN NO a Justice of the Peace for State or Territory	do	solemnly and sincerely declare that:				
Ministers in NSW & ACT; 3. I understand that the Code applies to all pastors; 4. I understand that any materials misstatement in or omission from this questionnaire may render me unfit to remain an accredited/recognised minister. 5. I authorise the Director of Ministries or his delegate to contact and exchange information provided with any institution or persons in an endeavor to verify any information provided in support of my application. Applicant's signature	1.	me and the information contained in any documents accompanying this application and				
 4. I understand that any materials misstatement in or omission from this questionnaire may render me unfit to remain an accredited/recognised minister. 5. I authorise the Director of Ministries or his delegate to contact and exchange information provided with any institution or persons in an endeavor to verify any information provided in support of my application. Applicant's signature	2.					
render me unfit to remain an accredited/recognised minister. 5. I authorise the Director of Ministries or his delegate to contact and exchange information provided with any institution or persons in an endeavor to verify any information provided in support of my application. Applicant's signature	3.	I understand that the Code applies to all pastors;				
5. I authorise the Director of Ministries or his delegate to contact and exchange information provided with any institution or persons in an endeavor to verify any information provided in support of my application. Applicant's signature	4.					
Your signature must be witnessed by a person authorised to witness a Statutory Declaration. I	5.	I authorise the Director of Ministries or his delegate to contact and exchange information provided with any institution or persons in an endeavor to verify any information provided				
Your signature must be witnessed by a person authorised to witness a Statutory Declaration. I	Apı	olicant's signature				
a Justice of the Peace for: State or Territory		Your signature must be witnessed by a person authorised to witness a Statutory				
a Justice of the Peace for: State or Territory						
State or Territory	1					
State or Territory	1					
1. *I saw the face of the declarant/deponent <i>OR</i> *I did not see the face of the		FULL NAME OF JP JP REGN NO				
declarant/deponent because he/she was wearing a face covering, but I am satisfied that he/she had a special justification for not removing it, and		FULL NAME OF JP JP REGN NO ustice of the Peace for:				
2. *I have known the person for at least 12 months <i>OR</i> *I confirmed the person's identity		FULL NAME OF JP ustice of the Peace for State or Territory *I saw the face of the declarant/deponent <i>OR</i> *I did not see the face of the declarant/deponent because he/she was wearing a face covering, but I am satisfied that				
with DESCRIBE IDENTIFICATION DOCUMENT RELIED ON	a J	*I saw the face of the declarant/deponent <i>OR</i> *I did not see the face of the declarant/deponent because he/she was wearing a face covering, but I am satisfied that he/she had a special justification for not removing it, and				
JP's signature	a J	*I saw the face of the declarant/deponent <i>OR</i> *I did not see the face of the declarant/deponent because he/she was wearing a face covering, but I am satisfied that he/she had a special justification for not removing it, and *I have known the person for at least 12 months <i>OR</i> *I confirmed the person's identity with				
* include only the text that applies	a J 1.	*I saw the face of the declarant/deponent <i>OR</i> *I did not see the face of the declarant/deponent because he/she was wearing a face covering, but I am satisfied that he/she had a special justification for not removing it, and *I have known the person for at least 12 months <i>OR</i> *I confirmed the person's identity with				

INTERVIEWER: PLEASE TURN TO PAGE 8 AND COMPLETE DURING INTERVIEW

Page 7 Initialed

Office Use Only (To be completed by Interviewer during interview)

The questions were discussed with the applicant by

Name						(please print)
Position						(please print)
Date						
The question or	ns were answe	ered satisfacto	orily and no	further actior	n was requ	ired.
The applican	t was advised	d to:				
	•••••			•••••		
	•••••					
Signature of	Interviewer					
Signature of	Applicant					

Page 8 Initialed

Annexure A

The Alcohol Use Disorders Identification Test: Self-Report Version

Please circle one box for each question that best describes your answer to each question.

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