



DIOCESE *of* PARRAMATTA

Working With Children Check Notification Form

Full Name: _____

Address: _____

Date of Birth: _____

Contact Number: _____

Parish name: _____

Has the Parish sighted the Applicants ID (Drivers Licence/Passport) at time of filling in this form?
(Place a cross 'X' in the appropriate box): Yes No

Gender (place a cross 'X' in the appropriate box): Female Male

Please place a cross 'X' in the appropriate box below:

Clergy Religious Order Volunteer Paid Employee

If from a Religious Order which one? _____

Working with Children Check Number: WWC _____

Please attach a copy of the letter from the Children's Guardian.

Do you have experience working with children? Yes No

Please provide a brief outline of this experience? (You may choose to provide a copy of your resume)

Please outline any training you have completed in the area of working with children. _____

Have there been any substantiated complaints of abuse made against you? Yes No

Have you had any complaints made regarding any breach of your professional standards? Yes No

Have you read and understood the Diocese Child Protection Policy? Yes No

Have you read and understood the Code of Conduct in working with children and young people? Yes No

Have you read and understood the document "Integrity in the Service of the Church". Yes No

Print Name

Signature

Date