

## **Individual Safeguarding Declaration and Disclosure**

### **APPLICATION DETAILS**

Δnn	licant's	name
AUU	iicaric s	Halle

Applicant's Church entity (Diocese or Religious Institute)

Travel dates

#### APPLICANT'S DECLARATION

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 that may lead to a conclusion that I pose a risk to children, young people or adults at risk.

#### **APPLICANT'S DISCLOSURE**

Please briefly explain why you are presently unable to affirm one or more of these statements and provide any other relevant information or comment. Further detail and relevant documentation from you and your Church Authority may be attached along with this form.

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I understand that the receiving Church Authority will use this declaration and disclosure, along
with the statement of my Church Authority, as the beginning point for assessing my suitability
for temporary faculties. I will assist with any further enquiries and risk assessments as well as
legal and other background checks/screening requirements prior to a grant of short term
faculties being made.

	Date:
Signature of Applicant	

# **Church Authority Safeguarding Statement and Disclosure**

APPLICATION DETAILS
Applicant's name
Applicant's Church entity (Diocese or Religious Institute)
Travel dates
CHURCH AUTHORITY'S STATEMENT
Please mark those statements that you are currently able to affirm unconditionally, to the best of your knowledge and having made appropriate enquiries.
There are not currently any complaints of abuse against the applicant.
The applicant is not subject to any past substantiated complaint of abuse.
There are no circumstances that could lead to a complaint of abuse against the applicant.
The applicant does not pose an elevated risk toward children, young people or adults at risk.
CHURCH AUTHORITY'S DISCLOSURE
Please briefly explain why you are presently unable to affirm one or more of these statements and provide any other relevant information or comment. Further detail and relevant documentation from you and the applicant may be attached along with this form.
I understand that the receiving Church Authority will use this statement and disclosure, along with the statement of my Church Authority, as the beginning point for assessing the applicant's suitability for temporary faculties. I will assist with any further enquiries and risk assessments as appropriate.
Church Authority's full name and title

Date:

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Signature of Church Authority