



# Safeguarding Officer Nomination

Parish you belong to: \_\_\_\_\_

Parish Priest: \_\_\_\_\_

Mass time/s you regularly attend: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone number/s: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Working with children Card number: \_\_\_\_\_

Expiry date: \_\_\_\_\_

**Please answer all questions to the best of your ability**

Why are you nominating for the role of Parish Safeguarding Officer?

\_\_\_\_\_

What is important to you about this role?

\_\_\_\_\_

Please detail skills and/or experience you may have working with children or vulnerable adults (paid and unpaid):

\_\_\_\_\_

By signing this nomination form I agree, should I be selected to fulfil the role of Safeguarding Officer, I will make myself available for training.

The information I have provided is current and there is no known reason why I should not be considered for the role of Parish Safeguarding Officer.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*If you have any questions regarding the Perth Catholic Archdiocese Safeguarding Program or your nomination for Parish Safeguarding Officer, please contact the Director Safeguarding Program.*

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## **ENDORSEMENT** (PARISH USE ONLY)

Parish Priest Name:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**N.B.:** Nominees cannot commence in the Safeguarding role until they have completed Safeguarding Officer training.

Once endorsed please forward the completed form to:

### **Safeguarding Program**

**T** 08 9221 7763 **E** [safeguarding@perthcatholic.org.au](mailto:safeguarding@perthcatholic.org.au) **A** Catholic Archdiocese of Perth - 29 Victoria Square Perth WA 6000

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## (OFFICE USE ONLY)

Onboarding completed

By: \_\_\_\_\_ Date: \_\_\_\_\_