

# Safeguarding Officer Nomination



Parish/Agency you belong to: \_\_\_\_\_

Parish Priest/Agency Director: \_\_\_\_\_

Onboarding SGO 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 Safeguarding Officer?

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What is important to you about this role?

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

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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 Safeguarding Officer.

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

*If you have any questions regarding the Perth Catholic Archdiocese Safeguarding Program or your nomination as a Safeguarding Officer, please contact the Safeguarding Program.  
T 08 9221 7763*

**ENDORSEMENT (PARISH/AGENCY USE ONLY)**

Parish Priest/Agency Director Name: \_\_\_\_\_

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

Parish Council Committee/Agency Reference Board or Committee 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**

E [safeguarding@perthcatholic.org.au](mailto:safeguarding@perthcatholic.org.au)

A 29 Victoria Square Perth WA 6000

**(OFFICE USE ONLY)**

Onboarding completed

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