

Safeguarding Officer Nomination



Parish/Agency you belong to: _____

Parish Priest/Agency Director Name: _____

Your Name: _____ Last Name: _____

Phone number/s: _____

Email: _____

Address: _____

Working with children Card number: _____

Expiry date: _____

Emergency Contact: _____

Emergency Contact Phone number/s: _____

Emergency Contact Email: _____

Please answer all questions to the best of your ability

Why are you nominating for the role of 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 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

A 29 Victoria Square Perth WA 6000

(OFFICE USE ONLY)

Onboarding completed

By: _____ Date: _____