



Catholic Archdiocese of Perth Safeguarding Nomination Form



**** Confidential ****

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Parish/Agency			
Surname		First name/s	
Address			
Suburb		Post Code	
Email			
Mobile Number		Phone Number	
Emergency Contact Name			
Emergency Contact Number			
If you already hold a Working with Children Card of National Police Clearance, please complete			
WA Working with Children Card No		Expiry Date	/ /
National Police Clearance		Issue Date	/ /
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/unpaid)?			
<input type="checkbox"/>	I have read the Safeguarding Officer Job Description and understand my commitment to the role.		
<input type="checkbox"/>	Should I be selected for the role of Safeguarding Officer, I will make myself available for training		
<input type="checkbox"/>	I understand that as a Safeguarding Officer, I will only share confidential or sensitive information with fellow Safeguarding Officers, Safeguarding Program Director and/or Parish Priest, Director, or Manager as necessary.		
<input type="checkbox"/>	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.		
By signing this form, I agree, should I be selected to fulfil the role of Safeguarding Officer, I will make myself available for training.			
Sign		Date	
Name			
Endorsed by Parish Priest/Agency Director			
Sign		Date	
Name			
Please forward the completed form to safeguarding@perthcatholic.org.au			