

Form 1

Parish Safeguarding Officer nomination



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Parish

Parish priest

Mass time(s) you regularly attend

Name

Phone number / s

Email

Address

Working With Children card number (if applicable): Expiry Date

Please answer all questions to the best of your ability.

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

What is important to you about this role?

What skills (if any) and/or attributes would you bring to this role?

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Please detail any past experience you may have working with children (paid or unpaid).

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By signing this nomination form, you agree, should you be selected to fulfill the role of Parish Safeguarding Officer, to make yourself available for two full days of training. This training, at no cost to you, will be provided on weekends and also during the week and you will be able to select your preference.

You also declare that there is no known reason why you should not be considered for the role of Parish Safeguarding Officer.

I hereby declare the information I have provided is accurate.

Signed

Dated

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 - details below.

PLEASE RETURN THIS FORM TO YOUR PARISH PRIEST AS SOON AS POSSIBLE.

Parish priest name

Signature

Dated

Parish Priest, please forward the completed form to:

Director Safeguarding Program

T 08 9221 7763 F 08 9325 7459 E safeguarding@perthcatholic.org.au A Catholic Archdiocese of Perth . 29 Victoria Square Perth . WA . 6000