

CONFIDENTIAL





FORM 8 VOLUNTEER REFERENCE CHECKS

To be completed by the Parish Priest, Locum Tenens or Authorised Parish Representative with TWO referees as listed on Safe Ministry form

Effective from Effective from 1 May 2019

NAME OF APPLICANT	
PARISH/ORGANISATION	
APPLICANT ROLE(S)	
REFERENCE CHECK COMPLETED BY	
POSITION IN PARISH/ORGANISATION	

REFEREE 1			
Full Name			
Phone			
Date			
Introduce yourself and explain to the referee that the Diocese has a commin of all who worship and those who volunteer their services, and in particular Advise that the information will be treated confidentially in accordance with	r children and vulne	erable people.	
Applicant's Name			
Establish referee's relationship to applicant			
How long has referee known the applicant?			
Is there any relevant information you think we should know about	□No	□ Yes ►	
the applicant that would question their fitness to be a volunteer in the Diocese?	▶ If yes, please comment below		
Are there are any matters of concern about the applicant that would place children or vulnerable people at risk?	□No	□ Yes ►	
place children of vullerable people at risk:	If yes, please co	mment below	
Have you ever known the person to demonstrate violent or aggressive behaviour?	□No	□ Yes ▶	
Dellaviour:	▶ If yes, please comment below		
Please comment on the applicant's skills and characteristics that would ma for or work with children and vulnerable people.	ke them suitable to	lead, care	
Have you ever seen the applicant deal with a difficult situation?	□No	□Yes►	
If YES, how did they manage it?	▶ If yes, please comment below		
How do you think the applicant is suited to the role they are applying for?			
☐ Highly Suitable	□ Suitable	□ Not Suitable	
Would you appoint them to this role?	□No	□Yes	

Do you think that the applicant would benefit with furt	⊔ NO	⊔ Yes ►			
or supervision to better assist them in the role they are seeking?		▶ If yes, please comment below			
COMMENTS FROM INTERVIEWER – REFEREE 1					
Referee's level of enthusiasm for applicant	□High	□ Medium	□Low		
Did information flow freely, without hesitation?		□Yes	□No		
Overall Impression of Referee	□High	□ Medium	□Low		
Interviewer's Comments					
SIGNATURE		DATE			

REFERENCE CHECK FOR REFEREE 2 CONTINUES ON PAGE 4

REFEREE 2			
Full Name			
Phone			
Date			
Introduce yourself and explain to the referee that the Diocese has a commi of all who worship and those who volunteer their services, and in particular Advise that the information will be treated confidentially in accordance with	r children and vulne	erable people.	
Applicant's Name			
Establish referee's relationship to applicant			
How long has referee known the applicant?			
Is there any relevant information you think we should know about	□No	□ Yes ►	
the applicant that would question their fitness to be a volunteer in the Diocese?	▶ If yes, please co	mment below	
Are there are any matters of concern about the applicant that would	□No	□Yes►	
place children or vulnerable people at risk?	▶ If yes, please co	mment below	
Have you ever known the person to demonstrate violent or aggressive behaviour?	□No	□ Yes ►	
benaviour:	▶ If yes, please comment below		
Please comment on the applicant's skills and characteristics that would ma for or work with children and vulnerable people.	ke them suitable to	lead, care	
Have you ever seen the applicant deal with a difficult situation?	□No	□Yes►	
If YES, how did they manage it?	▶ If yes, please comment below		
How do you think the applicant is suited to the role they are applying for?			
☐ Highly Suitable	☐ Suitable	□ Not Suitable	
Would you appoint them to this role?	□No	□Yes	

Do you think that the applicant would benefit with further development or supervision to better assist them in the role they are seeking?		□No	☐ Yes ►		
		▶ If yes, please comment below			
COMMENTS FROM INTERVIEWER – REFEREE 2					
Referee's level of enthusiasm for applicant	□High	□ Medium	□Low		
Did information flow freely, without hesitation?		□Yes	□No		
Overall Impression of Referee	□High	□ Medium	□Low		
Interviewer's Comments					
SIGNATURE		DATE			

Please submit your application by:

EMAIL

screenings@perth.anglican.org

or **MAIL** in an envelope marked

CONFIDENTIAL to: **Safe Ministry Services**

GPO Box W2067 PERTH WA 6846