

Church Personnel Self-Declaration and Commitment Declaration

Name		Surname	
Date of Birth		Passport No.	
Citizenship		Mobile No.	
Current Address			

Kindly answer all the questions below:

1. Have you ever been known to any government department, social services, the police, or any other organisation as being a risk or potential risk to minors or vulnerable adults? <i>(If yes, please provide further information below)</i>	YES NO
2. Have you ever been the subject of any disciplinary investigation and/or sanction by any organisation due to concerns about your behaviour towards minors or vulnerable adults? <i>(If yes, please provide further information below)</i>	YES NO
3. Are you currently subject to any criminal investigations or pending prosecutions by the police in any country which may have a bearing on your suitability for this position? <i>(If yes, please provide further information below)</i>	YES NO
4. Have you been the subject of any formal action, disciplinary investigation and/or sanction by any organisation due to concerns about your behaviour towards minors or vulnerable adults? <i>(If yes, please provide further information below)</i>	YES NO
5. Have you ever been dismissed for misconduct from any employment, volunteering, or other position previously held by yourself, in circumstances which may have bearing on your suitability for this position? <i>(If yes, please provide further information below)</i>	YES NO



Confirmation of Self-Declaration *(tick box below)*

- I agree that the information provided here may be processed in connection with recruitment purposes and I understand that an offer of employment or volunteering may be withdrawn, or dismissal may result, if information is not disclosed by myself, and subsequently comes to the organisation's attention.
- I agree to inform the organisation within 24 hours if I am subsequently investigated by any agency or organisation in relation to concerns about my behaviour towards minors, young people, or vulnerable adults.

Commitment Declaration *(tick box below)*

- I confirm that I have read and understood the Safeguarding Policy (2024) issued by the Maltese Episcopal Conference and the Conference of Major Religious Superiors.
- I commit to abide by the Safeguarding Policy (2024) issued by the Maltese Episcopal Conference and the Conference of Major Religious Superiors

Name and Surname

ID Card Number

Position / Position applied for

Church Entity

Signature

Date