



## Catholic Diocese of Rockhampton

*'We live out the call of baptism through personal faith in Jesus witnessing together to the Good News of the Kingdom'*

### Personal Information Form

For those who work with Children and Young People

*This form is to be completed and maintained by the relevant **ministry or office** of the Diocese as required by the procedure document titled 'Recruitment, Selection and Screening for the Child Protection Policy'. It is to be completed by those who work **for or within the Diocese with children and young people**, and retained in their personnel file.*

**PARISH / AGENCY / MINISTRY** \_\_\_\_\_

**Surname:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Given Names:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_ **Post Code:** \_\_\_\_\_

**Telephone (H)** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Do you have a current Drivers License? Yes / No (Please circle)**

**Number:** \_\_\_\_\_ **Exp Date:** \_\_\_\_\_

**Current Occupation:** \_\_\_\_\_

**Is it possible for you to be contacted at work? Yes / No (Please circle)**

**Contact No:** \_\_\_\_\_

Person to be contacted in case of emergency:

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Ph No:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Blue Card Status:**

**Current**      **Registration No:** \_\_\_\_\_ **Expiry Date:** \_\_\_\_\_

**Pending**      **Date of Application** \_\_\_\_\_

**Not required**      **Reason:** \_\_\_\_\_

**REFEREES**

1. **Name** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**Telephone** \_\_\_\_\_  
**Email** \_\_\_\_\_

2. **Name** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**Telephone** \_\_\_\_\_  
**Email** \_\_\_\_\_

3. **Name** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**Telephone** \_\_\_\_\_  
**Email** \_\_\_\_\_