## Screening Request Form

Nominating Committee Processes: Adsafe Screening

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| --- | --- | --- | --- |
| To: | sc@adsafe.org.authe Risk Management and Investigations Team | From: | <Pastor’s Name Here> |
|  | Adsafe | Church: | <Church Name Here> |
|  |
| ¨ | I request the screening of the following list of names prior to the commencement of the Nominating Committee’s work for the next church year. |
| ¨ | The members have been informed of the screening process and these names listed represent those who are happy to be screened. |

| First Name | Surname | First name | Surname |
| --- | --- | --- | --- |
| <insert names here> | <insert names here> | <insert names here> | <insert names here> |
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## Permission to Screen

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| Given Names | Surname |
| Church: | Church Year: |
| I, as the person named above, give permission for the Minister as Chairperson of the Nominating Committee for the Church listed above to screen my name with Adsafe against their database of known offenders for the purpose of assessing and managing child protection risks within our church. I further understand that Adsafe will use my name in accordance with their privacy policy and the collection notice which is found on the back of this form |
|  |  |
| Signature  | Date |