

APPLICATION FORM

Full Surname First Name(s).....
Former Name(s)
Date of Birth
Address Postcode
Tel. No. Home Work..... Mobile
How long have you lived at this address? <i>If less than 12 months please give the following information</i>
Previous addressPostcode
Church attended Address of church Name of Minister Period of attendance
Please give details of any previous experience of looking after or working with children and/or young people
Please give details of any qualification or appropriate training

APPLICATION FORM

REFERENCES

Please give the name, address and telephone number of two people (other than relatives or friends within the partnership) who have known you **for at least two years** and are able to provide a personal reference.

Name

Name

Address

Address

.....

.....

..... Postcode

..... Postcode

Tel. No:

Tel. No:.....

DATA PROTECTION

In order to comply with the Data Protection Act 1998, that the information you provide on this form will be held securely within our recruitment system indefinitely.

Signed

Print Name

Date

Please check that you have read and completed ALL sections of this form and return the form as soon as possible, to

DECLARATION

Disclosure If the role you have applied for involves frequent or regular contact with or responsibility for children you will also be required to provide a valid DBS (Disclosure and Barring Service) certificate which will provide details of criminal convictions; this may also include a Barring List check depending on the nature of the role (see organisational guidance about eligibility for DBS checks).	
Have you ever been known to any Children's Services department as being a risk or potential risk to children?	YES / NO <i>(if Yes, please provide further information below):</i>
Have you been the subject of any disciplinary investigation and/or sanction by any organisation due to concerns about your behaviour towards children?	YES / NO <i>(if Yes, please provide further information)</i>
Confirmation of Declaration <i>(tick boxes below)</i>	
<input type="checkbox"/>	I agree that the information provided here may be processed in connection with recruitment purposes and I understand that an offer of employment may be withdrawn or dismissal may result if information is not disclosed by me and subsequently come to the organisation's attention.
<input type="checkbox"/>	In accordance with the organisation's procedures if required I agree to provide a valid DBS certificate and consent to the organisation clarifying any information provided on the disclosure with the agencies providing it.
<input type="checkbox"/>	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 children or young people.
<input type="checkbox"/>	I understand that the information contained on this form, the results of the DBS check and information supplied by third parties may be supplied by the organisation to other persons or organisations in circumstances where this is considered necessary to safeguard other children.
Signed Print Name Date	
Please check that you have read and completed ALL sections of this form and return the form as soon as possible, to	

FORM LETTER – REFERENCE REQUEST

Date

Dear

The person named below has applied to become a
..... (job description enclosed) and as such would
have substantial access to children and young people. He/She has given your
name as someone who can comment on their suitability for this work and I
would be grateful if you would kindly complete the questionnaire below and
return it to me by

.....
A stamped addressed envelope is enclosed.

Please bear in mind that it is the church's duty to protect children from harm
of a physical, emotional or sexual nature and all those who wish to work with
children and young people are required to sign an undertaking to this end.
For your information a copy of the church's child protection policy is enclosed.

Yours sincerely
On behalf of the Partnership Council,
West Swindon and Lydiard Tregoze Church Partnership

.....

FORM LETTER – REFERENCE REQUEST

CANDIDATE NAME:

CANDIDATE ADDRESS

1. How long have you known the applicant?

2. What is your relationship with the applicant?

3. With your knowledge and experience of the applicant, please comment on their suitability for working with children/young people. Please include comments on honesty, reliability, health and experience of working with children and young people.

4. From your experience does the applicant have the ability to follow policies and procedures?

5. Do you consider the applicant to be a good team worker?

6. Any additional comments you would like to make about the applicant.

Signed Date

Print NameOccupation.....

Address

.....
If there is insufficient space in any section above please continue overleaf

CONTRACT

(To be completed at the end 6 months probationary period)

Church or group

Name of Volunteer

We welcome you as

You are joining a team which, together with the whole church, commits itself to the care and nurture of children and young people.

On behalf of the members of this church, we undertake to support you and your work, by prayer, by our interest and by providing resources and training.

Your supervisor is

The responsibilities of your job are:

Once a year we will meet with you to talk about your work, and, if you wish to continue, we will discuss your development and training as appropriate.

Working with children and young people is a responsibility, but it also brings fulfilment. We hope you will enjoy your work.

Signed

Minister or Team leader

Signed

Volunteer

Date

One copy should be retained by the volunteer
One by the person to whom the volunteer is responsible
One by the Safe To Grow co-ordinator attached to the place of work