

**CONFIDENTIAL**

**DIOCESE OF BRISTOL**  
 ..... **PARISH/BENEFICE**  
**APPLICATION FORM**

The Parochial Church Council is responsible for all the work undertaken in the name of the Church and for those who carry it out whether paid or voluntary.

In the light of the Home Office recommendations Safe from Harm 1993 PCCs have been asked to request all those who work with children and young people to complete a form indicating their relevant background and past experience. The PCC therefore requests all staff and volunteers to provide the following information.

Full Surname ..... First Name(s)..... Former Name(s) ..... Date of Birth .....
Address ..... ..... Postcode ..... Tel. No. Home ..... Work..... Mobile .....
How long have you resided at this address? ..... <i>If less than 12 months please give the following information</i>
Previous address ..... .....Postcode .....
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

.....  
 .....  
 .....  
 .....

**REFERENCES**

Please give the name, address and telephone number of two people (not relatives or friends in ..... Parish) who have known you **for at least two years** and are able to provide a personal reference.

Name .....  
 Address .....  
 .....  
 ..... Postcode .....  
 Tel. No: .....

Name .....  
 Address .....  
 .....  
 ..... Postcode .....  
 Tel. No: .....

**CONFIDENTIAL DECLARATION FORM**

Please complete the attached Confidential Declaration form.

Under the terms of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 the age range you will be working with is a 'vulnerable' group and this means that you are exempt from the Act and can be asked to declare any previous criminal convictions including 'spent' convictions. This information can then be used for deciding whether or not you are suitable to work with the age range group. Failure to disclose criminal convictions may result in the termination of your services.

**CRIMINAL RECORDS BUREAU ENHANCED DISCLOSURE**

**In order to work with children and young people an ENHANCED Disclosure through the Diocese must be obtained from the Criminal Records Bureau (CRB).** Please contact the CRB (instruction sheet enclosed,) at the same time as completing this application form.

**Signed** .....

**Date** .....

**Please check that you have completed ALL sections of this form and the Confidential Declaration form and return the forms to .....as soon as possible.**

**DATA PROTECTION**

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

Appendix 2 – Form B

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 PCC

.....

NAME: .....

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 Name ..... Occupation.....

Address .....

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

# VOLUNTEER CONTRACT

(To be completed upon completion of 6 months probationary period)

*Church*

\_\_\_\_\_  
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

Signed \_\_\_\_\_

Volunteer

Date \_\_\_\_\_

N.B. Number of copies

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/venue

If the job description changes, a new form must be completed

## DECLARATION FORM

For Voluntary Workers with Children and Young People

(To be completed upon completion of 6 month probationary period, or equivalent time period)

I understand the nature of the work I am to do.

(Fill in the name and age range of the group you are to work with)

At

(Church/Venue where you are to work)

- I have read the church's policy and agree to the guidelines for safeguarding children and young people (Safe to Grow).
- I understand and agree that it is my duty to protect the children and young people with whom I come into contact.
- I know what action to take if abuse is discovered or disclosed.

Signed

Print Name

Date

N.B. Number of Copies

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/venue

If the job description changes, a new form must be agreed and complete