Model Job Application Form

APPLICATION FORM FOR PAID OR VOLUNTARY WORK WITH CHILDREN, YOUNG PEOPLE AND ADULTS

Name of place of worship/organisation:

We ask all prospective workers with children, young people and adults to complete this form. If there is insufficient room to fully answer any question, please continue on a separate sheet. The information will be kept confidentially by the place of worship/organisation, unless requested by an appropriate authority.

1. Personal Details

We will need to see birth/marriage certificates or documents regarding a change of name.

Full Name:		
Maiden/Former Name(s):		
Date and place of birth://		
Address:		
Daytime Tel No:	Mobile Tel M	No:
Evening Tel:		
Email address:		
How long have you lived at the above address	? Yea	rsMonths
If less than 5 years, please give previous addr	ess(es) with dates	S:
From/To// //		From/To// //
Previous	Previous	
Address		Address
Post Code	Post Code	

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Please tell us about your Christian experience/experience in the church(es)/organisation(s) you have been involved in,
including names, dates and detail of the areas of your involvement.

•	ils of previous experience of looking after or working with children, young people of any relevant qualifications or appropriate training either in a paid or voluntary ca	
Have you ever ha	ad an offer to work with children, young people or adults with care and support ne	eds declined?
YES	NO (Please tick)	
lf yes, please giv	e details	

2. Employment History

Please tell us about your past and current employment / voluntary work in the table below.

Employers Address	Name	and	Employed from (Date)	Employed to (Date)	Job Title and Description	Reason for Leaving

3. Are you currently working in any other care position in either a voluntary or paid capacity?

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4. References

Please complete the details below of two people who would be willing to provide a personal reference. If you are currently working, (paid or voluntary) one of these should be your present employer. You should also provide details of your leader of place of worship/line manager. We reserve the right to take up character references from any other individuals deemed necessary.

Name		-	Name		-		
Address		-	Address				
		-					
		-			-		
Post Code		-	Post Code				
Tel No		-	Tel No				
Relationship		-	Relationship				
Email _		Email					
Place of worship, leader/ line manager							
Name							
Address							
Tel no:							

Please would you complete the attached Self-declaration Form, place it in a sealed envelope and address it to ______ (the person responsible for processing Disclosure Checks) with whom you are welcome to discuss any aspects of this procedure. Please confirm that you understand and agree to a Disclosure Check should we wish to appoint you to a post involving working with adults and/or children.

I confirm that the submitted information is correct and complete, I understand and agree to the conditions involving a Disclosure Check and I have sent the Self-Declaration Form to the Recruiter in a separate, sealed envelope.

Signed: _____ Date _____

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