

CATHOLIC DIOCESE OF NOTTINGHAM

Application Form for Voluntary Work with Children, Young People or Vulnerable Adults

In order to exercise the Church's duty to care for its children and young people in terms of the Children's Act (1989) and the Rehabilitation of Offenders Act (1974), we ask all prospective helpers in children's and young people's work to complete this form.

The information provided will be kept confidential, unless requested by an appropriate authority.

Name of Post:

Type of Work:

Name of Church:

Full Name: _____

Previous Name(s): _____

Date of Birth: _____

Telephone Number: Day: _____ Evening: _____

Home Address: _____

_____ Postcode _____

Parish or Church: _____

Previous Experience:

Please give details of any relevant qualifications you hold or any training you have undertaken:

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Tell us something about yourself – any special interests and skills you have, including any previous experience of working with children or young people:

Have you any disability or medical condition that we need to be aware of, either in the planning of meetings or which may affect your carrying out some of the requirements of this post?

References:

Please give the names, addresses and telephone numbers (if known) of two people, who have known you well for at least two years, and would be able to comment on your suitability for this post. (Not relatives, your Parish Priest, the Diocesan Child Protection Co-ordinator, or a member of the group you are applying to join).

Please ask permission before submitting referee details.

	1 st Referee	2 nd Referee
Name:		
Address:		
Occupation:		
How long have you known this person?		
In what connection?		

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DECLARATION

I confirm that the information I have given on this form is correct and complete, and I agree that you may contact the people whose names I have given as referees. I understand that misleading statements may be sufficient grounds for cancelling any agreement made. In accordance with the Data Protection Act 1988 I give my consent for the information contained in this form to be processed and stored in accordance with policy for the purposes of recruitment and employment. I understand that if appointed the fact that I have had a CRB check will be entered on the national COPCA confidential database in accordance with policy, and will be retained indefinitely. I also understand that my Confidential Declaration Form will be held securely and in strict confidence by the Child Protection Co-ordinator, and retained for 100 years.

I understand that if I am appointed, this application form will become part of my personal file and that if I am not appointed it will be destroyed.

Signed: _____

Date: _____

Please return to your Parish Child Protection Representative.