



The Longcroft Christian Trust Children's Work Application

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

Name of group/organisation*: _____

We ask all prospective workers with children, young people and vulnerable adults to complete this form. If there is insufficient room to fully answer any question, please continue on 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 : _____

Postcode: _____

Daytime Tel No: _____ Mobile Tel No: _____

Evening Tel: _____

Email address: _____

How long have you lived at the above address? _____ Years _____ Months

If less than 5 years, please give previous address(es) with dates:

From/To ___/___/___ ___/___/___ From/To ___/___/___ ___/___/___

Previous Address _____ Previous Address _____

Post Code _____ Post Code _____

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.

Please give details of previous experience of looking after or working with children, young people or vulnerable adults. This should include details of any relevant qualifications or appropriate training either in a paid or voluntary capacity.

Have you ever had an offer to work with children, young people or vulnerable adults declined?

YES NO (Please tick)

If yes, please give details

2. Employment History

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

Employers Name and Address	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?

If yes please give details:

Name of the organisation: _____ Contact person: _____

Address: _____

_____ Tel no: _____

Details of duties: _____

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 _____

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. Disclosure Check: please confirm that you understand and agree to a Disclosure check should we wish to appoint you to a post involving working with vulnerable adults.

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 _____

As an organisation we undertake to meet the requirements of the Data Protection Act 1998, and all appropriate Acts in relation to Criminal Record Disclosures (see Self Declaration Form). *delete as appropriate