**APPLICATION FORM FOR WORK WITH VULNERABLE ADULTS, CHILDREN AND YOUNG PEOPLE**

**PARISH OF:**

**POSITION FOR WHICH APPLYING:**

**The Church in Wales accepts and stresses the principle of the Children Act 1989 that *the welfare of the child is paramount in all circumstances.* Every person who will have opportunities for contact with children and vulnerable adults, as part of any authorised ministry in the Church in Wales, is required to complete both sides of this form and return it to their Bishop.**

|  |  |
| --- | --- |
| Title: |  |
| Surname: |  |
| Full Christian Names: |  |
| Maiden or any other Surname: |  |
| Date of Birth: |  |
| Full Address including Postcode |  |
| If you have lived at the above address less than 5 years, previous address |  |
| Telephone Number Day: |  |
| Evening: |  |

Please specify relevant experience or qualification gained through employment or voluntary work that would be of assistance to you in your intended work with vulnerable adults, children and young people. This section should be used to demonstrate personal qualities or interests.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been convicted of a criminal offence, or are you at present the subject of criminal charges? YES / NO

(N.B. The disclosure of an offence may not be a bar to your appointment)

|  |  |
| --- | --- |
| Nature of offence: |  |
| Date of offence: |  |

Please give the name and address of two referees from whom the Diocese may seek information regarding your suitability for appointment.

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Telephone Number: |  |
| Occupation: |  |
| Relationship (if applicable) |  |

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Telephone Number: |  |
| Occupation: |  |
| Relationship (if applicable) |  |

*I certify that the information given on this form is true and complete to the best of my knowledge, and I hereby consent to the Criminal Records Bureau checks being examined to verify the information on this form. I am aware that details of spent convictions will be disclosed, along with other relevant information which may be known to the Police.*

**SIGNED: …………………………………….………….. DATED: …………………**