

# ARCHDIOCESE OF SOUTHWARK

Registered Charity No: 235468

## APPLICATION FORM for VOLUNTEER ROLES INVOLVING CHILDREN, YOUNG PEOPLE OR VULNERABLE ADULTS

IN

THE CATHOLIC CHURCH IN ENGLAND & WALES

PARISH CHURCH OF \_\_\_\_\_

**DISABILITY** - If you are unable to complete this form yourself because of a disability, it may be completed on your behalf by someone else but you must sign it. If you are invited to attend an interview, you will be asked for details of any additional assistance or equipment you may require.

### PERSONAL INFORMATION

Surname/Family Name .....Mr/Mrs/Miss/Ms .....

Any other name/s you may have been known by .....

.....

Forenames .....

Home Address .....

.....

Home Tel ..... Work Tel ..... May we contact you there? \*YES/\*NO  
(\* Delete as appropriate)

e-mail: .....

Please give details of any qualifications or training you have undertaken that you think may be relevant to this post.

Please tell us something about yourself – any interests, skills or experience you have which are relevant to this post.

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?

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

**REFEREE 1**

**REFEREE 2**

**Name:** .....

**Name:** .....

**Address:** .....

**Address:** .....

.....

.....

.....

.....

**Tel No:** .....

**Tel No:** .....

In what connection does this person know you?

In what connection does this person know you?

.....

.....

**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.

If I am not appointed as a result of information on the Confidential Declaration Form, it will be stored 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.

Signature ..... Date .....

**PLEASE RETURN THIS FORM TO:**

Name: ..... Position: .....

Address: .....

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