Application Form for Leaders/Helpers in Youth and Children's Work (N. Ireland)

Name of Congregation:
Name of Organisation/Group:
Name:
Any previous surname:
Date of Birth: Nat. Ins. No
Address:
How long have you lived at this address:
If less than two years, then give previous address:
Telephone Number:
Name of previous Church you attended:
Name and address of previous minister:
Please give details of previous experience of working with children and/or young people:
Please describe your reasons for working with children:

Are yo	ou prepared to underta	ake app	ropriate training?
	Yes		No
	you had treatment for to work with children	-	ness during the past 5 years which may have a bearing on your bung people?
	Yes		No
If yes,	please state:		
of a cr Becau	riminal investigation?		r convicted of a criminal offence or are you at present the subject for which you are applying you should declare all convictions,
	Yes		No
If yes,	please supply details	in a sea	led envelope.
-	ou a person known to a en or vulnerable adult	-	ial Services Department as being an actual or potential risk to
	Yes		No
If yes,	please supply details	:	
Have	you ever had any disci	plinary	sanction relating to child or vulnerable adult abuse?
	Yes		No
If yes,	please supply details:		
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Yes	□ No	
yes, please supply details	3:	
ease give the name, add	ress, telephone number and po	sition of two people who are
illing to act as referees.		
	First Referee:	Second Referee:
	First Neieree.	Second Referee.
ACCESSNI check will be	required for this post.	
gned:		
-		
ate:		

Interview	
Date of Interview	
Conducted by	
Comments	
Appointment	
Date of appointment	
Date of Induction	
Conducted by	
Assessment	
Date of Assessment	
Conducted by	
Comments	
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