

ARCHDIOCESE OF ST ANDREWS AND EDINBURGH

APPLICATION FORM (Private and Confidential)

(Volunteer helpers with children, young people and vulnerable adults)

In order to exercise the Church's duty to care for its children, young people, and vulnerable adults in terms of relevant legislation we ask all prospective volunteers in children, young people and vulnerable adults services (regulated work) to complete this form. This information will only be used in connection with the ministry role for which you are registering and will be stored in line with GDPR Regulations.

Full Name	
Previous Name (if any)	
Address	
Postcode	
Telephone No.	
E-mail address	
Date of Birth	
Parish/Church	
Please specify which area(s) of parish ministry you wish to be involved in and what your role will be.	
How long have you lived at the above address?	

If less than 12 months, please give the following information

Previous Address(es)			
Length of time there			
Parish/Church			
Parish Priest			

Tell us something of yourself – any special interests and skills you have and please give details of previous experience of working with children, young people and/or vulnerable adults.

If there is not enough space continue over and/or on another sheet.

Please give details of any appropriate training and/or relevant qualifications.

Training is an essential part of the Catholic Church's Child and Vulnerable Adult Protection Policy, In God's Image;

I accept that I will be required to attend **Safeguarding Induction Training Part 1**. YES / NO

If you have already attended **Safeguarding Induction Training Part 1**, provide date attended:

Day____ Month_____ Year_____

References:

Please provide the **names, addresses and contact details** of **two** people (**not relatives, Parish Priest or Parish Safeguarding Co-ordinator**) who know you well (**longer than 2 years**), who would be able to give a **personal** reference.

	1st Referee	2nd Referee
Name		
Address		
Postcode		
E-mail address		
Telephone No.		
Occupation		
How long acquainted with you?		
In what capacity?		

Declaration:

I declare that the details given above are accurate and complete and I accept that should this subsequently be found to be otherwise my volunteer application will not be considered further and/or, if an existing volunteer, my involvement as a volunteer may be ended.

Signed: Date:

Please print your name:

Please return this form to

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