



Wessex Synod Job Application Form (Voluntary post)

The church has a responsibility to check all potential workers in order to deter and identify those who are unsuitable to be working with vulnerable individuals. Therefore, workers should expect to go through a safer recruitment process.

Name:			
Address:			
Email:			
Tel:		Mobile:	
Your local church:			
Date of Birth (If under 18 yrs):			

I am interested in volunteering in the following (please tick or highlight the boxes)	
<input type="checkbox"/>	Children's work (7 – 11 years) Children's Camp, Children's Days, Synod Days etc
<input type="checkbox"/>	Youth work (11+ years) Youth Camp, Youth Gatherings, Synod Days, Youth Assembly etc
<input type="checkbox"/>	Being a Stepwise Facilitator
<input type="checkbox"/>	Member of Synod Youth Executive

What appeals to you about this area of work?
Please give details of previous relevant experience.
What skills can you bring to this area of work?
Please give details of relevant qualifications or training, including First Aid and Mental Health First aid.

Employment and Work Experience				
Please describe briefly any work (whether paid or unpaid) which is relevant to this role. <i>Please continue on a separate sheet if required.</i>				
From – To Month/Year		Employer	Job Title/ Responsibility	Reason for Leaving

References	
Please give details of two individuals, not related to you, who will provide employment (or work experience) references. (The individuals must have known you for more than 3 years)	
Name:	Name:
How is the referee known to you?	How is the referee known to you?
Position:	Position:
Address:	Address:
Telephone:	Telephone:
Email:	Email:

Self-Disclosure	
If the role you are in or have applied for involves frequent or regular contact with or responsibility for children or adults at risk you will also be required to provide a valid DBS (Disclosure and Barring Service) certificate, which will provide details of criminal convictions. This may also include a barred list check depending on the nature of the role (see organisational guidance about eligibility for DBS checks).	
Have you ever been known to any children’s Services department or Police as being a risk or potential risk to children or adults at risk?	Yes / NO
Have been the subject of any investigation by any organisation or body due to concerns about your behaviour towards children or adults at risk?	Yes / NO
Have you ever been the subject of disciplinary procedures or been asked to leave employment or voluntary activity due to inappropriate behaviour?	Yes / NO
Do you have any convictions, cautions, reprimands or final warnings that are not “protected” as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) 2013?	Yes / NO
If yes, to any of the above please provide details on a separate sheet.	

Confirmation of Declaration (please tick or highlight the boxes below)

<input type="checkbox"/>	I agree that the information provided here may be processed in connection with recruitment purposes and I understand that an offer of appointment may be withdrawn of disciplinary action may be taken if information is not disclosed by me and subsequently come to the organisation's attention.
<input type="checkbox"/>	In accordance with the organisation's procedures if required I agree to provide a valid DBS certificate and consent to the organisation clarifying any information provided on the disclosure with the agencies providing it.
<input type="checkbox"/>	I agree to inform the organisation within 24 hours if I am subsequently investigated by any agency or organisation in relation to concerns about my behaviour towards children and young people or adults at risk.
<input type="checkbox"/>	I understand that the information contained on this form, the results of the DBS check and information supplied by third parties, may be supplied by the organisation to other persons or organisation in circumstances where this is considered necessary to safeguard children or adults at risk.

Signed:	Date:
Name: (please print)	

Declaration

1. I acknowledge that an appointment, if offered will be subject to satisfactory references which are acceptable to the United Reformed Church.
2. I declare that I have the referees' permission to share their details.
3. I understand that the appointment will be subject to an enhanced DBS check
4. I declare that the information given on this form is correct and understand that on appointment any misleading statements or deliberate omissions will be regarded as grounds for disciplinary action.
5. I understand that the initial appointment is for 4 years and that my details will be held by the URC Wessex Synod Office for 4 years accordingly.

Signed:	Date:
Name: (please print)	

General Data Protection Requirements

All information you provide will be treated as confidential and managed in accordance with relevant data protection legislation and guidance. You have a right of access to information held on you under the Data Protection Act 1998.

Return this form to the Development Team Administrator at Wessex Synod Office.

Email: development@urcwessex.org.uk

Post: Development Team Admin, Wessex Synod Office, 120 Alma Road, Southampton, SO14 6UW.