

Confidential Application Form
Parish Safeguarding Children Representative.

Diocese: **Parish:**

Surname:

Maiden Name (if applicable):

Christian Names:

Address:

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Date of Birth: **Tel No:**

Mobile No: **Email:**

Are You (please tick)

- ☐ Employed ☐ Unemployed ☐ Student
☐ Homemaker ☐ Retired ☐ Other

Which parish ministry are you volunteering for:

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Have you previously been involved in voluntary work ? Yes ☐ No ☐

If yes, please give details

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.....

Why do you want to get involved with this parish ministry ?

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Have you previously received any training for working with children ?

Yes ☐

No ☐

If yes, please give details

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Any other Relevant Information ?

Is there any medical or other reason why you may be deemed unsuitable to work with children or young people ?

Yes ☐

No ☐

If yes, please give details

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Please provide the names and addresses of two people whom we could contact for a reference (not relatives or priests of parish)

Name: Name:

Address: Address:

Tel No: Tel No:

Email: Email:

I declare that the above information is true and that I am fit to serve as the parish safeguarding children representative. I have received and read the parish safeguarding children policy, procedures and code of conduct and I agree to abide by them. I understand that if I fail to do this, my participation may be withdrawn.

Are you prepared to complete and submit a Garda Vetting / Access NI application form at the start of your employment and / or as often as deemed necessary or appropriate thereafter ?

Yes ☐ No ☐

In accordance with the Data Protection Act 1988 & 2003 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.

Signed: Date:

September 2013