**APPLICATION FORM FOR PAID OR VOLUNTARY WORK WITH CHILDREN, YOUNG PEOPLE AND VULNERABLE ADULTS**

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| **Name of Local Meeting:** |
|  |

We ask all prospective workers with children, young people and vulnerable adults to complete this form. If there is insufficient room to fully answer any question, please continue on separate sheet. The information will be kept confidentially by the local meeting/organisation[[1]](#footnote-1), unless requested by an appropriate authority.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1 Personal Details** | | | | |
| **Full Name:** |  | | | |
| **Maiden/Former Names:** |  | | | |
| **Date of Birth:** |  | **Place of Birth:** |  | |
| **Current Address:**  **(Including post code)** |  | | | |
| **Daytime Phone No:** |  | **Mobile Phone No:** | |  |
| **Evening Phone No:** |  | **Email:** | |  |
| **How long have you lived at this address?** | | Years | | Months |

|  |  |
| --- | --- |
| **Experience:** Please give details of previous experience of looking after or working with children, young people or vulnerable adults. This should include details of any relevant qualifications or appropriate training either in a paid or voluntary capacity. | |
|  | |
| **Have you ever had an offer to work with children, young people or vulnerable adults declined?** | YES / NO |
| If yes, please give details: | |
| **Do you have an illness, disability or condition that may affect your work with children and/or vulnerable adults?** | YES / NO |
| If yes, please give details. (Answering ‘yes’ to this question does not mean you will not be considered for this post.  As an employer we are committed to meeting the requirements of the Equalities Act 2010). | |

|  |  |
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| **2 References** | |
| Please complete the details below of two people who would be willing to provide a personal reference. If you are currently working, (paid or voluntary) one of these should be your present employer. If possible, one should be an established Friend and one should be independent of Quakers. | |
| **REFEREE 1:** | |
| **Name:** |  |
| **Address:** |  |
| **Postcode:** |  |
| **Email Address:** |  |
| **Phone number:** |  |
| **Relationship to you:** |  |
| **Length of time known to you:** |  |
| **REFEREE 2:** | |
| **Name:** |  |
| **Address:** |  |
| **Postcode:** |  |
| **Email Address:** |  |
| **Phone number:** |  |
| **Relationship to you:** |  |
| **Length of time known to you:** |  |

* I confirm that the submitted information is correct and complete.
* I understand and agree to undertake a Criminal Records check with the Disclosure and Barring Service (DBS)
* I confirm that I have no convictions, cautions, reprimands or final warnings that would not be filtered in accordance with current legislation.

See [www.gov.uk/government/publications/dbs-filtering/guidance](http://www.gov.uk/government/publications/dbs-filtering/guidance)

If you do have any convictions, cautions etc. this will not necessarily prevent you from working with children, young people and vulnerable adults. Please complete a self-declaration form, place in a sealed envelope addressed to the Area Meeting Safeguarding Coordinator and return with your application form. Please tick this box if you have returned a completed self-declaration form.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. As an organisation we undertake to meet the requirements of the Data Protection Act 1998, and all appropriate legislation in relation to Criminal Record Disclosures and confidentiality of personal information. [↑](#footnote-ref-1)