



HOLYWOOD BAPTIST CHURCH
Application for paid or voluntary work with children

Form 1

Hollywood Baptist Church asks all prospective workers with children and young people (0-18 years) to complete this form. If there is insufficient space to fully answer any question, please continue on a separate sheet. This information will be kept confidentially by the church, unless requested by a relevant authority in accordance with the Data Protection Act 2018 and the Access NI Code of Practice available at www.nidirect.gov.uk/accessni.codepractice, the Child Protection Policy and the Recruitment Policy for ex-offenders available at www.hollywoodbaptistchurch.co.uk.

You can find our privacy statement at www.hollywoodbaptist.org.uk/User/PrivacyPolicy.aspx

Applicants are not required to disclose a protected conviction or caution and can get independent advice from NIACRO about the Access NI application process and convictions on a Disclosure Certificate.

1. Groups

Please indicate the group(s) you want to work with.

Group _____

Group _____

Group _____

Group _____

2. Personal Details

We may need to see birth/marriage certificates to check names.

Full Name _____

Title (Please circle) Mr/Mrs/Miss/Dr/Other _____

Maiden/Former Name _____

Date and place of birth ____/____/____ _____

Address _____

Town _____

Post Code _____

Preferred Contact Details (E Mail or Tel. No.) _____

Have you **ever** lived outside NI?

Yes

No

(Please tick)

If yes please give details below :



3. Experience and Skills

Please tell us about your Christian experience (i.e. how long have you been a Christian, which Church(es) have you attended and dates, name of minister/leader, any activities undertaken.)

Please give details of previous experience of looking after or working with children and/or young people. Please include details of any relevant qualifications or appropriate training either in a paid or voluntary capacity.

Is there any reason why you cannot work in regulated activities?

Yes No (Please tick)

If yes, please give details

Do you suffer, or have you suffered, from any illness which may directly affect your work with children or young people?

Yes No (Please tick)

If yes, please give details

4. References

Please complete the details below of **two people** who have agreed and who would be able to provide a personal reference for you. We ask that your referees are not members of Hollywood Baptist Church and if you are currently employed, one of your referees should be your present employer. You should also provide details of your church minister/leader.



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Name _____

Name _____

Address _____

Address _____

Town _____

Town _____

County _____

County _____

Post Code _____

Post Code _____

Telephone No _____

Telephone No _____

Relationship _____

Relationship _____

Church minister/leader

Name _____

Address _____

Telephone number _____

5. Disclosure check

Please confirm that you understand and agree to a Criminal Disclosure check being carried out on you through Access NI in accordance with our commitment to Child Protection.

If you have been subject to a criminal disclosure check with another organisation please provide their name, address, telephone number and if possible month/year of check.

Name _____ Tel No _____

Address _____

Month/Year of check _____

6. Declaration and Agreements

I confirm that the submitted information is correct and complete at this time and if my circumstances change I will inform the Child Care Coordinator of these changes.

I have read the Holywood Child Protection Policy and Good Practice Guidelines and I will endeavour to follow them.

Signed _____ Date _____

The information you supply on this form will be used and stored by the Child Protection Officer. We will not share your information with third parties, and your information will be held in accordance with our records management policy. For full details of Holywood Baptist Church's privacy policy, see:

www.hollywoodbaptist.org.uk/User/PrivacyPolicy.aspx