1

HOLYWOOD BAPTIST CHURCH

Form 1

Application for paid or voluntary work with children

Holywood 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, You can find our privacy statement at Holywood Baptist Church Privacy Policy . A criminal record will not necessarily be a bar to obtaining a position, in order to reassure applicants that Disclosure information will not be used unfairly, the Child Protection Policy and the Recruitment Policy for ex-offenders are available at Holywood Baptist Policies .

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/ma	arriage certificates to check names.
Full Name	
Title (Please circle)	Mr/Mrs/Miss/Dr/Other
Maiden/Former Name	<u> </u>
Date and place of birth	
Address	
Town	
Post Code	
Preferred Contact Details (∃ Mail or Tel. No.)
Have you ever lived outside	
•	Yes No (Please tick)
If yes please give details be	low:



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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 Holywood 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	
Post Code	
Telephone No	
Relationship	Relationship
Church minister/leader	
Name	
Address	
Telephone number	
through Access NI in accordance with our comm	check with another organisation please provide their
	·
Name	Tel No
Address	
Month/Year of check	
6. Declaration and Agreements	
change I will inform the Child Care Coordinator of	t and complete at this time and if my circumstances of these changes. and Good Practice Guidelines and I will endeavour to
Signed	Data

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.holywoodbaptist.org.uk/User/PrivacyPolicy.aspx