**APPLICATION FORM**



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| First Name |  |
| Surname |  |
| Address |  |
| Tel Number: (Day)Tel Number: (Eve)Email Address: |  |
| Diocese |  |
| Parish |  |

WORK EXPERIENCE

Previous work experience:

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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 Diocesan activity/ministry?

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Is there any medical/dietary information we need to be aware of?

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Have you previously received any training for working with children or young people? Yes No

*If yes, please give details of when and where*

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Have you previously received Diocesan Safeguarding Training? Yes No

*If yes, please give details of when and where*

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Any other relevant information?

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Please provide the names and addresses of two people whom we could contact for a reference. (non-relatives).

|  |  |
| --- | --- |
| Name | Name |
| Address | Address |
| Tel | Tel |
| Email | Email |

***I declare that the above information is true and that I am fit to serve as a volunteer with this parish ministry/activity. I agree to abide by and accept the terms and conditions of participants.***

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

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