



APPLICATION FORM PARISH SAFEGUARDING REPRESENTATIVE

First Name	
Surname	
Address	
Tel Number Day	
Tel Number Eve	
Email Address	
Diocese	
Parish	
Name of Activity/Ministry	

WORK EXPERIENCE

Relevant work experience:

Voluntary work experience:

Reason for volunteering with this Diocesan activity/ministry:

Diocesan Contact

Emma Fitzgerald | Director of Safeguarding

safeguarding@ferns.ie 053 917 4972

For out-of-hours reporting/disclosures and time sensitive matters, please call Emma on 087 718 5541

Diocese of Ferns

Have you received any training for working with children or young people?

Yes No

If yes, please give details of training and dates

Have you received Diocesan Safeguarding Training?

Yes No

If yes, please give details of training and dates

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

Any other relevant information?

Please provide the names and addresses of two people can be contacted for a references (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 the safeguarding policies & procedures for the Diocese of Ferns

Signed: _____ Date: _____

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