



# *Safeguarding* Trust

## **VOLUNTEER APPLICATION FORMS**

**St Patricks & St Andrews,**  
c/o The Parish Centre, 50 Brook  
Street, Coleraine,  
Co Londonderry.  
BT52 1PY

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CHURCH OF IRELAND  
Safeguarding Trust

VOLUNTEER APPLICATION FORM  
(All applicants must complete pages 1-3)

Confidential

Name of Parish: \_\_\_\_\_

Post applied for: \_\_\_\_\_

Mr/Mrs/Miss/Ms (enter as applicable) _____	Date of Birth: _____
Surname: _____	National Ins No: _____
Full Forenames: _____	
Previous Surname(s): _____	
Address: _____	Please list overleaf all previous addresses within the last 5 years.
_____	Have you <b>ever</b> lived elsewhere in the UK or Republic of Ireland?
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Postcode: _____	If Yes – Please give details overleaf
Convictions/cautions declared? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Name of parish church you have attended: \_\_\_\_\_

Name and address of Incumbent \_\_\_\_\_

Are You: (Please tick)

Employed  Unemployed  Student   
Homemaker  Retired  Other

Previous work experience: (Highlight any experience of working with children / young people).

\_\_\_\_\_  
\_\_\_\_\_

Why do you want to work with children / young people?

\_\_\_\_\_  
\_\_\_\_\_

Have you previously been involved in voluntary work? Yes  No

If yes, give details (with dates if possible):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How much time can you commit to voluntary work (Please tick)

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

Do you have any spare time hobbies, interests or activities?

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Are you prepared to undertake training? Yes  No

Any other relevant information?

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Any relevant qualifications? \_\_\_\_\_

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Please provide names and addresses of two people whom we could contact for reference (not relatives).

FIRST REFEREE

SECOND REFEREE

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel \_\_\_\_\_

Tel \_\_\_\_\_

Signed (Applicant)

\_\_\_\_\_

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

Please provide the following proof of identity:

- Photo ID
- Birth certificate / marriage certificate

Verified by (Incumbent) \_\_\_\_\_ Date \_\_\_\_\_

# CHURCH OF IRELAND

## Safeguarding Trust

### DECLARATION AND CONSENT TO POC(NI) SERVICE CHECK

Please read the notes below carefully, then complete and sign the form. This permits the Parish Panel to request a POC(NI)S check which is administered through the Church of Ireland Youth Dept (CIYD) on behalf of parishes in the Church of Ireland

#### INFORMATION ABOUT AND CONSENT TO THE PROTECTION OF CHILDREN (NI) SERVICE CHECK BY APPLICANTS FOR POSTS INVOLVING WORK WITH CHILDREN

You have applied for a child care post which is a regulated position. Before appointing anyone to such a post, it is our policy to ask for a Protection of Children (NI) Service (POC (NI)) check to be carried out by the Department of Health, Social Services and Public Safety (DHSSPS). This check is to make sure that individuals who might be a risk to children are not appointed.

The check will tell us if you have a criminal record, or if your name is included on the DHSSPS Disqualification from Working with Children List or included on the DE List. Any information received will be treated confidentially, and we will talk to you about it before a final decision is reached. After the decision is made the information will be destroyed. (Employment/Nursing Agencies and Employment Businesses will retain this information for 12 months).

A check will only be carried out if you are considered to be the preferred candidate and are being offered an appointment. You **must** tell us now if you have ever been convicted of a criminal offence, or cautioned by the police, or bound over. You **must** tell us about **all** offences, even minor ones such as motoring offences, and 'spent' convictions, that is, things which happened a long time ago. If you leave anything out it may affect your application.

Please complete the section below and return it with your application. The form also asks you to give your written consent to the check. If you do not consent we will not accept your application.

#### CONSENT TO POC (NI) CHECK

Do you have any prosecutions pending                      YES/NO                      (if yes give please give details)

\_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted at a court or cautioned by the police for any offence? YES/NO

If yes, please list below details of **all** convictions, cautions, or bind-over orders. Give as much information as you can, including, if possible, the offence, the approximate date of the court hearing and the court which dealt with the matter.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that a POC (NI) Service check must be carried out before an offer of appointment can be confirmed. This has been explained to me and I am aware that spent convictions may be disclosed. I declare that the information I have given is accurate and I consent to the check being made.

SIGNATURE : \_\_\_\_\_ DATE : \_\_\_\_\_

NAME: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

# Safeguarding Trust

## FOR PARISH PANEL USE ONLY

- APPLICATION FORM COMPLETE
- REFERENCES RECEIVED
- PHOTO ID PRODUCED
- QUALIFICATIONS VERIFIED (IF APPROPRIATE)
- BIRTH CERTIFICATE / MARRIAGE CERTIFICATE PRODUCED
- DECLARATION / CONSENT TO POC(NI)S COMPLETED / SIGNED

Date application form received \_\_\_\_\_

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Interviewed by panel:

1. Name: (Chairperson) \_\_\_\_\_
  2. Name: \_\_\_\_\_
  3. Name: \_\_\_\_\_
- Date of Interview: \_\_\_\_\_

Recommendation: Approved / Not Approved / Deferred

Main reason for recommendation: \_\_\_\_\_

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POC(NI)s APPLICATION FORWARDED TO CIYD

DATE SENT \_\_\_\_\_ DATE RECEIVED BACK \_\_\_\_\_

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CIYD POC(NI)S REQUEST REF NO \_\_\_\_\_ (Obtained from returned application POC(NI) form)

APPOINTED / NOT APPOINTED

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## Safeguarding Trust

### DECLARATION TO BE COMPLETED UPON APPOINTMENT

PARISH OF: \_\_\_\_\_

I acknowledge receipt of the Code of Good Practice and declare I will uphold the same in the position I have accepted with:

(Name of Organisation) \_\_\_\_\_  
\_\_\_\_\_

I further state that I shall exercise a duty of care for any children in my charge.

Signed \_\_\_\_\_

NAME IN BLOCK CAPITALS \_\_\_\_\_

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