CONFIDENTIAL

APPLICATION FORM

For voluntary workers with children or vulnerable adults



The PCC is responsible for the acceptance and accreditation of all voluntary workers with children or vulnerable adults. Every worker should fill in a copy of this form which should be securely retained by the incumbent/churchwarden/administrator/PCC secretary

	ompleted this form, please return it to: the parish before giving the form to the applicant)
The position for wand Barring Servi	hich you are volunteering is subject to an enhanced Disclosure from the Disclosure ce (DBS)
Position for which you are volunteering	
PERSONAL DET	AILS
Surname	Title
First names	
Date of birth	
Address	
Post Code	
Home Telephone	Mobile telephone
Email	
Any other name by which you have been known	
Length of time at th	e above address

If less than 5	years at th	ne above address, p	olease give previ	ous address		
Previous	Address]
						1
D ₁	ost Code]
						=
Previous Chu attended	rch					
		revious experience aining undertaken (nildren, young people or	vulnerable
Have you und If so, when ar		Safeguarding childre m?	en or vulnerable a	adults training Y	es/No	
						1
						_
Are you prepa (Note: If you dec vulnerable adults	line to unde	dertake appropriate rtake initial or further tra	e training? nining, the PCC will b	Yes/No be entitled to withdray	w your authority to work with a	children or
REFERENC	Ee					
_	_	, addresses, phone	numbers and en	nail addresses of	two people who know y	ou well and
		ride a personal refer ng people or vulner			have experience of you	ur ability to
	Referee	1		Referee 2		
Name:						
Address:						
Email:						
Tel:		-				
Relationship:						
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		nformation is accur n and to obtain a Di			y knowledge. I agree to Barring Service.	complete
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		ttach the Confidenti		Date:		
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(All information will be held safely and in confidence, in accordance with the Data Protection Act 1998.)