

Application form for Families and Kids pastor (additional needs) at Edinburgh Vineyard.

We ask all prospective workers with children, young people and adults to complete this form. If there is insufficient room to fully answer any question, please continue on a separate sheet. The information will be kept confidentially by the place of worship/organisation, unless requested by an appropriate authority.

1. Personal Details

Full Name:

Maiden/Former Name(s):

Date and place of birth: ___ / ___ / ___

Address:

Postcode: _____

Daytime Tel No: _____

Mobile Tel No: _____

Evening Tel: _____

Email: _____

How long have you lived at the above address? _____ Years _____ Months

If less than 5 years, please give previous address(es) with dates:

From/To ___ / ___ / ___ ___ / ___ / ___

From/To ___ / ___ / ___ ___ / ___ / ___

Previous _____

Previous _____

Address

Address

Post Code _____

Post Code _____

Please tell us about your Christian experience/experience in the church(es)/organisation(s) you have been involved in, including names, dates and detail of the areas of your involvement.

Please give details of previous experience of looking after or working with children . This should include details of any relevant qualifications or appropriate training either in a paid or voluntary capacity.

Have you ever had an offer to work with children, young people or adults with care and support needs declined?

YES NO (Please tick)

If yes, please give details

Please give details of previous experience of building community based activities and attracting external funding to support them.

Please give details of previous experience of working with children with additional needs.

Please give details of previous experience of working with volunteers and building teams.

2. Employment History

Please tell us about your past and current employment / voluntary work in the table below.

Employers Name and Address	Employed from (Date)	Employed to (Date)	Job Title and Description	Reason for Leaving

3. Are you currently working in any other care position in either a voluntary or paid capacity?

If yes please give details:

Name of the organisation: _____

Contact person: _____

Address: _____

_____ Tel no: _____

Details of duties:

4. References

Please complete the details below of two people who would be willing to provide a personal reference. If you are currently working, (paid or voluntary) one of these should be your present employer. You should also provide details of your leader of place of worship/line manager. We reserve the right to take up character references from any other individuals deemed necessary.

Name	_____	Name	_____
Address	_____ _____ _____	Address	_____ _____ _____
Post Code	_____	Post Code	_____
Tel No	_____	Tel No	_____
Relationship	_____	Relationship	_____
Email	_____	Email	_____

Place of worship, leader/ line manager

Name _____

Address _____

Tel no: _____

Please confirm that you understand and agree to a Disclosure Check should we wish to appoint you to a post involving working with adults and/or children.

I confirm that the submitted information is correct and complete, I understand and agree to the conditions involving a Disclosure Check.

Signed: _____ Date _____