

CATHOLIC DIOCESE OF PORTSMOUTH

(Parish Letterhead)

(This sample is to be used as a basis for the appropriate individual Parish Policy Statement and is to appear on your Parish Letterhead)

APPLICATION FORM FOR VOLUNTARY WORK WITH CHILDREN AND YOUNG PEOPLE

In order to exercise the Church's duty, to care for its children and young people, in terms of the Children's Act (1989) and the Rehabilitation of Offenders Act (1974), we ask all prospective helpers in children's and young people's work to complete this form. The information will be kept confidential unless requested by an appropriate authority.

Name of Post

Type of work

Name of Church

Full Name

Previous Name (if any)

Date of Birth.....

Tel. No. Day Evening.....

Home Address

Parish/Church

Name of Priest

How long have you lived at the above address?

If less than 12 months, please give the following information.

Previous address

Length of time at previous address

Previous Parish/Church

Name of Priest/Minister

Details of voluntary work at previous Parish

Are you prepared to undertake appropriate training ? YES NO

Please give details of any relevant qualification or appropriate training:

Tell us something about yourself – any special interests and skills you have and please give details of any previous experience of working with children and/or young people.

REFERENCES:

Please give the names, addresses and telephone numbers of two people (not relatives) who know you well and would be able to give a personal reference.

Referee permission must be sought before their names are submitted.

	1 st Referee	2 nd Referee
NAME		
ADDRESS		
OCCUPATION		
How long have you Known this person ?		
In what connection ?		

DECLARATION (See note below)

Have you ever been charged or convicted of a criminal offence ? YES/NO

Are you at present the subject of criminal investigation ? YES/NO

N.B.

The disclosure of an offence maybe no bar to your appointment.

If Yes, please give details including the nature of the offence(s), and dates.

.....

Have you ever had an offer of work with children or young people declined or has there ever been any cause for concern regarding your conduct with children and young persons ? YES/NO

If yes, please give details, including dates and name of organisation.

.....

To your knowledge have you ever had any allegation made against you, which has been reported to, and investigated, by, Social Services and/or the Police, or been involved in Court Proceedings concerning a child for whom you have parental responsibility ? YES/NO

If yes, we will need to discuss this with you.

If considered appropriate, do you agree to co-operate in obtaining a formal Police and Department of Health Consultancy check? YES/NO

Have you any physical/mental conditions, which could affect your work with children or young people ? YES/NO

If so, please give details.

.....

Declaration:

I confirm that the information I have given on this form is correct and complete and that misleading statements may be sufficient grounds for cancelling any agreement made.

Signed: Date:

Please return this form to:

Because of the nature of the work for which you are applying this position is exempt from the provision of section 4(ii) of the Rehabilitation of Offenders Act 1974 (Exemptions Order 1975), and you are therefore not entitled to withhold information about convictions which for other purposes are 'spent' under the provisions of the Act and in the event of appointment, any failure to disclose such convictions could result in the withdrawal of approval to work with children and/or young people within the church.

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PRIVATE AND CONFIDENTIAL

Dear

Name of Person

The above named person has offered to take part in volunteer work with the children/young people of this parish.

In seeking to promote the welfare of all parish members, young people and adults we seek to ensure the suitability of all parish workers, voluntary or paid. She/he has given your name as a referee, together with permission to contact you.

I would be grateful if you could give your opinion of the person's suitability for the post by completing the enclosed form, which will be treated in the strictest confidence and return it to me at the above address as soon as possible. A copy of the job description is enclosed for your information.

Please note that this position is exempt from Section 4(2) of the Rehabilitation of Offenders Act Order 1975. It is not therefore, in any way contrary to the Act to inform us of any information you may have concerning the convictions, which would otherwise be considered 'spent' in relation to the applicant's suitability. Any such information will be kept in the strictest confidence and used only in consideration of the suitability of the applicant for this position.

Should you require any further information or explanation, do not hesitate to contact me.

May I take this opportunity of thanking you for your help in this matter.

Yours sincerely,

CATHOLIC DIOCESE OF PORTSMOUTH
Contract for Volunteers

(Parish Letterhead)

(This sample is to be used as a basis for a contract for Children and Young People's Workers)

Name of Worker:

We Welcome You At

Name of Group

Meeting Details

Age Range(s)

Person to Whom You Are Responsible (e.g. Youth Group Leader)

.....

Range of work/tasks to be undertaken:

.....

.....

We want to help you give the best possible service to your group, so we will meet with you from time to time to see how things are going. We would also like to make sure that you receive any training needed.

Signed: Date: / /
Parish Priest

To be completed by the Worker with Children/Young People. I confirm that I have read the church policy on protecting children and young people. I understand that it is my duty to protect the children and young people with whom I have contact. I know what action to take in the cases of suspected or alleged abuse.

Signed: Date: / /

**CATHOLIC DIOCESE OF PORTSMOUTH
Parental Consent**

(This sample is to be used as a basis for the appropriate individual Parish Policy Statement and is to appear on your Parish Letterhead)

Church: _____

Group: _____

Full name of child/young person _____

Date of Birth / /

Address _____

Details of any regular medication, medical problem (e.g. asthma, epilepsy, diabetes, allergies, dietary needs, etc.) or disability, which may affect normal activity:

Please state date of last anti-tetanus injection if known / /

With whom does your child live? _____

Telephone number: Day: _____ Evening _____

Name of additional contact (grandparent etc. or other holding parental responsibility)

_____ Telephone Number: _____

If you do not have parental responsibility (e.g. you are a foster carer/grandparent etc) please give details of those with parental responsibility.

Names: _____ Names: _____

Addresses(es) _____ Addresses(es) _____

Tel: No(s) _____ Tel: No(s) _____

I give permission for _____ to take part in the normal activities of this group. I understand that separate permission will be sought for certain activities, including swimming, and outings lasting longer than the normal meeting times of the group. I understand that while involved he/she will be under the control and care of the group leader and/or other adults approved by the church leadership and that, while the staff in charge of the group will take all reasonable care of the children, they cannot necessarily be held responsible for any loss, damage or injury suffered by my child during, or as a result of, the activity.

In an emergency and/or if I am not contactable, I am willing for my child to receive necessary hospital or dental treatment including an anaesthetic. YES. NO. (Please tick)

Signed: (Parent/or adult with parental responsibility) _____

NB: a carer can complete the information part. Only those with parental responsibility (e.g. this does not include a foster carer) can sign the consent.