



Application form for working with children, young people and vulnerable adults

Please complete ALL sections of this form and return it in the enclosed stamped addressed envelope.

Ministry area: <i>(please circle as appropriate)</i>	Children	Youth	Vulnerable Adults	Eldership	Staff
Your role: <i>(e.g. crèche helper, visiting etc)</i>					
Church Family: <i>(please circle as appropriate)</i>	Emmanuel Bishopston	Emmanuel City Centre		Emmanuel Westbury	
Have you previously applied for a DBS disclosure online and registered for the update service? <i>If yes, please write reference number:</i>			Yes	No	
			Ref #: _____		

Personal Details

Full Name:	
Date of Birth:	Occupation:
Current Address:	
Post Code:	E-Mail:
Landline:	Mobile:



Christian Experience

Briefly describe how and when you became a Christian:

How long have you been part of the Emmanuel church family?

If less than 2 years, what previous church were you part of?

Name of Church:	
Senior Minister:	E-Mail:
Address:	
Post Code:	Landline:

Elder's Signature

Please chat with one of your church elders about the area of ministry you are applying to serve in, then ask them to sign below.

Elder's Signature:	
Name:	Date:



Declaration

At Emmanuel, we undertake to meet the requirements of the Data Protection Act 1998 and all other relevant legislation, and the expectations of the Information Commissioners Office relating to the data privacy of individuals. Please complete the enclosed self-declaration, sign it, seal it in the blank envelope enclosed, and attach it to this form. Then please read and sign the below.

I declare that the all of the above information (and that of attached sheets) is accurate and complete to the best of my knowledge and accept that if any information becomes known that is contrary to what has been stated in this form then my role as a leader within the children's / youth / vulnerable adults ministry at Emmanuel will be reviewed.

I understand that information I have provided and that has been obtained through this process will be shared with relevant people within Emmanuel Bristol. Data will only be shared when it is deemed necessary for the protection of children.

I hereby confirm that I have read the *Emmanuel Bristol Policy on:*

- ***Safeguarding Young People*** OR ***Safeguarding Vulnerable Adults*** (please delete as appropriate)

and understand that I must comply with this and the relevant safeguarding guidelines that go with it. I understand that it is my duty to safeguard the wellbeing of all vulnerable people with whom I come into contact. I know what action to take if abuse is disclosed or discovered. I agree to undertake such training as is arranged on behalf of the Steering Team.

Signed: Date:

Full Name: Date of Birth:

Please return this form in person to the Emmanuel DBS Admin Officer for your local church.

Helen Looker (ECC)

Julia Dunn (EW)

Rachael Brastead (EB)