



Application Form for Paid or Voluntary Work with Children and Young People

AIF Child Protection Policy Appendix A 0605/1009

OFFICE USE ONLY	
Date References Requested	
Date References Recorded and Checked	
Criminal Record Check *Yes/No	

To be completed by all volunteers (aged 16 years and over) proposing to work with or for the Association with children and young people.

Please supply the name, address and telephone number of two people who have known you for at least two years, who are not related to you and who are willing to provide a reference if required.

The Association reserves the right to request up to two references from people who are not related to the applicant and who have known the applicant for at least two years. The Association also reserves the right to approach additional sources to verify information about the applicant.

1. Name _____
 Address _____

 Postcode _____
 Telephone (Home inc STD) _____
 Telephone (Work inc STD) _____

ONCE COMPLETED THE INFORMATION GIVEN ON THIS FORM IS CONFIDENTIAL AND WILL BE HELD SECURELY

Surname: _____
 First name _____
 Maiden/Any former name(s) _____
 Title (Mr, Mrs, Dr, Miss, etc) _____
 Date of birth _____
 Occupation _____
 Address _____

2. Name _____
 Address _____

 Postcode _____
 Telephone (Home inc STD) _____
 Telephone (Work inc STD) _____

Postcode _____
 Telephone (Home inc STD) _____
 Telephone (Work inc STD) _____

Have you ever had an offer to work with young children declined?
 Yes No Please tick.
 If Yes, please give details and dates. _____

Previous experience of working with or caring for children:

I declare that I have disclosed to _____
 (Insert name of appropriate Trustee)
 representing the Association of Interchurch Families, any criminal conviction involving children and/or young people and any unspent criminal convictions for any offence involving dishonesty, deception or assault against a person. I consent to a Criminal Record Check if this is required by the Association of Interchurch Families, and agree to abide by the Associations Child Protection Policy.

Details of other voluntary work:

By signing this form I agree to the details recorded here being held in a data bank by a person appointed to keep such records by the Association of Interchurch Families.

Details of any appropriate voluntary sector or appropriate professional qualifications:

Signed: _____ Date: _____
 (Applicant)

I confirm that to the best of my knowledge the above named is a suitable person to work with or for members of the Association

Signed: _____ Date: _____
 Name: _____
 Position: _____

