

SYNAGOGUE

WORKING WITH CHILDREN APPLICATION FORM

Position Applied For:

Personal Details

Full Name:

Home Phone: **Mobile Phone:** **Work Phone:**

Email Address:

Please list all **Places of Worship** that you have attended regularly in the past 3 years

Date	Place of Worship

Please list any **qualifications** you have that relate to working with Children

Date	Qualification	Institution

Please provide any **experience** you have had that relates to working with Children

Date	Organisation	Position

References

Please provide details of two people we can contact, who can comment on your suitability for this position:

First Referee

Full Name:

Home Phone: **Mobile Phone:** **Work Phone:**

Email Address:

Position & Organisation:

Second Referee

Full Name:

Home Phone: **Mobile Phone:** **Work Phone:**

Email Address:

Position & Organisation:

Declarations

Have you:

Read and understood "enter Synagogue Names" Child/Member Protection Policy & Procedures?	Yes/No
Ever been in serious breach of "enter Synagogue Names" Child/Member Protection Policy & Procedures?	Yes/No
Had someone express concerns about your behaviour towards a child?	Yes/No
Ever been convicted of a criminal offence or been the subject of an investigation relating to the abuse of a child or inappropriate sexual behaviour?	Yes/No

I confirm that the information provided on this application form is true and correct.

I consent to a National Police Record Check and the release to:

"enter Synagogue Name"

of any matters deemed to be relevant which are recorded against my name.

Applicants Signature: **Date:**