



## APPLICATION FORM FOR SVP MEMBERSHIP IN ST VINCENT DE PAUL SOCIETY IN ENGLAND & WALES

If you have a disability that may make the completion of this form difficult, the form can be completed by someone on your behalf however we will still require your signature. If you have a disability that may make it difficult for you to attend an informal chat regarding the role, please advise us so we can assist you as appropriate.

(Please complete in **BLOCK CAPITALS** using black ink)

**Please state name of Parish (include town)/Religious Order or Organisation:**

**By applying to work with children or vulnerable adults within the Church you are confirming that you are not barred from working with vulnerable groups. If this is not the case, you are committing a criminal offence.**

**Role(s) Applied For:**

**Title:** Mr/Mrs/Miss/Ms/Other (please specify)

**Current Full Name:** (please include all forenames in addition to your surname)

**Name Known By:** (if applicable)

**Full Address:**

**Postcode:**

**Preferred Contact Telephone number(s):**

**Email Address:**

### Question 1 of 3

**Please tell us something about yourself – any interests or experience you have which are relevant to the role(s).**

## Question 2 of 3

Do you have any current medical conditions you feel we should be aware of in order that we can ensure your wellbeing whilst you undertake the role(s)?

## Question 3 of 3

Please give names, addresses and telephone numbers of two people who we may contact who have known you well for at least 2 years and would be able to comment on your suitability for this role.

We cannot accept references from your relatives or family members; your Parish Priest / Deacon or members of your Diocesan/Religious Safeguarding Team. Please note that only 1 of the 2 required referees may be a member of the group/activity to which you are applying to work.

## Referee 1

Full Name

Full Address

Postcode

Preferred Contact  
Telephone number(s)

Email Address

In what capacity does this person know you?

## Referee 2

Full Name

Full Address

Postcode

Preferred Contact  
Telephone number(s)

Email Address

In what capacity does this person know you?

## Declaration (please read, sign &amp; date)

- I give my consent, in accordance with the Data Protection Act 1998, for the information contained in this form to be processed and stored for the purposes of recruitment.
- I understand that a Criminal Records Bureau (CRB)/pre-appointment vetting checks will be required as part of the recruitment process. Details of the CRB check will be recorded and retained indefinitely on the National CSAS Confidential Database.
- By making this application I confirm that I am not barred from working with vulnerable groups and understand that to apply to work with children/vulnerable adults when barred from doing so is a criminal offence.
- In the event that I am not appointed or in the future step down from the post, I understand that relevant information will be retained on file until I reach normal retirement age, or for 10 years if that is longer. (As per Working Together good practice guidance)
- I declare that the information I have given on this form is correct and true to my knowledge.

Signed:

Dated:

PLEASE RETURN THIS FORM TO:

Full Name:

Position:

Address: