

**ST. MARY'S CHURCH, SAFFRON WALDEN**  
**Application Form**

**Post applied for: YOUTH LEADER**

Please type or write clearly using black pen so that this form can be photocopied

**PERSONAL DETAILS**

Full name .....

Address .....

..... Postcode .....

How long have you lived at this address?

☐ One year or more      ☐ Less than 12 months

If less than 12 months please give your previous address below

Address .....

..... Postcode .....

Tel. Number (home) ..... (work) .....

(mobile)..... e-mail address.....

Religious Denomination .....

Have you ever changed your name?      ☐ YES      ☐ NO

If yes, please give details of your previous names and dates they were in use.

Name..... Date from:.....to.....

Name..... Date from:.....to.....

Are you eligible to reside and work in the UK?      ☐ YES      ☐ NO

We will need to see your passport or other ID if you are offered the post

**EDUCATION**

Please give details of educational and professional qualifications, together with dates and names of schools/colleges attended

Dates		Place of Study	Qualifications Attained
From	To		

**PRESENT AND PREVIOUS APPOINTMENTS**

Beginning with your current or most recent employer and working backwards in chronological order, please give details of your career to date.

Dates		Employer	Job Title and Summary of Duties	Reason for Leaving
From	To			

*(Use a separate sheet if necessary)*

## HOBBIES AND INTERESTS

Please give details of your main hobbies and interests outside of work.

## YOU AND THE JOB

Please describe what attracts you to this post and describe your relevant skills and experience. You should also use this space to tell us anything not covered elsewhere that you feel is relevant.

*(Use a separate sheet if necessary)*

Are you prepared to undertake training online and face-to-face?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you suffer, or have you suffered, any illness which may directly affect work with children and young people?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

## REFERENCES

Please give the names of three referees, one of whom should normally be your current employer. One of your referees should be your minister or a church elder. We will only take up the references of those who are short-listed.

1. May we contact this referee now? Y/N

Name .....

Address.....

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.....Post Code.....

Tel. No. .... email.....

2. May we contact this referee now? Y/N

Name .....

Address.....

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.....Post Code.....

Tel. No. .... email.....

3. May we contact this referee now? Y/N

Name .....

Address.....

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.....Post Code.....

Tel. No. .... email.....

## **SICKNESS AND ABSENCE**

Have you been absent from your employment through illness for more than 3 days in the last 24 months YES/NO

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If yes, please give details below

Do you consider yourself to have a disability? YES/NO

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If yes, please give details below

## **DECLARATION**

I confirm that the information contained on this application form is correct and accurate to the best of my knowledge. I agree to the information being processed in accordance with the Data Protection Act.

Signature ..... Date .....

***Please return the completed application form and confidential declaration by 27<sup>th</sup> June 2025***

**by e-mail to Claire Dunn [admin@stmaryssaffronwalden.org](mailto:admin@stmaryssaffronwalden.org)**

**or by post to Claire Dunn, Associate Administrator  
St Mary's Parish Office, Church Path, Saffron Walden CB10 1JP**



## Confidential Declaration

This form is strictly confidential and, except under compulsion of law, will be seen only by the Parish Safeguarding Representative, Incumbent, Team Facilitator and the Diocesan Safeguarding Team if necessary.

All forms will be kept securely..

Some posts fall into categories of activity which are eligible for a DBS check and the level of that check for this role should be clear from the job description or explained to you. Any subsequent offer of employment will be based on the successful outcome of this check.

Other posts do not fall into these categories, but still come within Safer Recruitment guidelines. In all posts that involve regular contact with children or vulnerable adults, applicants are required to complete this Confidential Declaration Form to support safer recruitment and help ensure our churches and communities are as safe as they can be.

If you answer yes to any question please give full details. Continue on a separate sheet if necessary and be clear which question you are answering by showing the question number.

Full Name	
Date of Birth	/ /
Address	

### 1) Do you have any unspent convictions?

Please tick: Yes ☐ No ☐

If the answer is yes please give the dates and details of any convictions, cautions, reprimands or warnings that are not "protected" as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended by SI 2013 1198)

[http://www.legislation.gov.uk/uksi/2013/1198/pdfs/uksi\\_20131198\\_en.pdf](http://www.legislation.gov.uk/uksi/2013/1198/pdfs/uksi_20131198_en.pdf)

A more simple interpretation is available at <http://uk.practicallaw.com/3-530-5626>

### 2) Are you under investigation by the police, social services or an employer for any offence?

Please tick: Yes ☐ No ☐

If the answer is yes please give the dates and details

**3) Has your conduct ever caused, or been alleged or likely to have caused significant harm\* to a child or vulnerable adult, or put a child or vulnerable adult at risk of significant harm?**

Please tick: Yes ☐ No ☐

If yes please give details including the date(s) and nature of the conduct, or alleged conduct, and whether you were dismissed, disciplined, moved to other work or resigned from any paid or voluntary work. *\*Significant harm involves serious ill-treatment of any kind including neglect, physical, emotional or sexual abuse, or impairment of physical or mental health development.*

**4) Has a child in your care or for whom you have or had parental responsibility ever been removed from your care, been placed on the Child Protection Register or been the subject of a care order, a supervision order, a child assessment order or an emergency protection order under the Children Act 1989, or a similar order under other legislation?**

Please tick: Yes ☐ No ☐

If the answer is yes please give the dates and details

**5) Have you any health problem(s) which might affect your work with children or vulnerable adults?**

Please tick: Yes ☐ No ☐

If the answer is yes please give full details

**6) Have you, since the age of eighteen, ever been known by any name other than that given in this declaration?**

Please tick: Yes ☐ No ☐

If yes please state the name(s):

### **Declaration**

**I declare that all of this information is accurate and complete to the best of my knowledge.**

**I agree that where a role may require a criminal records check that I will apply to the Disclosure and Barring Service through the Diocese for the appropriate level of disclosure. I understand that should this disclosure not be satisfactory, any offer of employment or voluntary work may be withdrawn or terminated.**

Signed:		Date:	
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