

# **Youth Ministry Year Out Programme**

## **APPLICATION FORM**

**PRIVATE & CONFIDENTIAL**

**Return this form to:**

Stuart Hawthorne  
Woodlands Pres Church  
Burleigh Drive  
Carrickfergus  
BT38 8HW

**POSITION APPLIED FOR: Youth Year Out Programme**

Title:	Schools (e.g. technical, grammar, etc.) & Qualifications gained:
Surname:	
Forename(s):	
Date of Birth:	
Address:	
Postcode:	College/University & Qualifications gained:
E-mail address:	
National Insurance No.	
Tel. Nos (please include code):	
Current driving licence?	
Groups:	
Expiry Date:	
Details of Endorsement:	

**EMPLOYMENT HISTORY** (starting with your most recent employment and including part-time work use a separate sheet if necessary)

From – To	Name & Address of employer	Job Title & Duties	Reason for leaving

**REFERENCES**

Please provide details of two referees, one of whom must be able to comment on your Christian life and witness. We may seek references after interview but before any offer is made. This will only be done with your permission.

1.	Name:	2.	Name:
	Position:		Position:
	Organisation:		Organisation:
	Address:		Address:
	Postcode:		Postcode:
	Tel. No.:		Tel. No.:

## **CHRISTIAN LIFE & EXPERIENCE**

1. Outline the nature and duration of your experience of volunteer youth work in a local church setting including any experience gained on outreach work at home or overseas.

2. Outline why you would like to be a participant on this Year Out Team and briefly summarise what you could bring to the team.

3. Outline how you came to faith in Jesus Christ and your experience of the Christian life so far (use a separate sheet if necessary)

## CAUTIONS, REHABILITATION AND CRIMINAL RECORDS

Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 5(2) of the Rehabilitation of Offenders (Northern Ireland) Order 1978, by virtue of The Rehabilitation of Offenders (Exceptions) Order (Northern Ireland) 1979, which means that convictions that are spent under the terms of the Rehabilitation of Offenders (Northern Ireland) Order 1978 **must be disclosed**, and will be taken into account in deciding whether to make an appointment. Any information will be completely confidential and will be considered only in relation to this application. Because of the nature of our business you are required to submit to a Criminal Records check. Any disclosure made will remain strictly confidential.

Do you authorise us to obtain any necessary information in connection with this application for employment?

YES/NO (delete as required)

Have you ever been convicted in a Court of Law and/or cautioned in respect of any offence? YES/NO (delete as required)

If YES, please give details

## HEALTH DETAILS

Do you have a physical or mental impairment which has a substantial and long term effect on your ability to carry out day to day activities?

Please specify any special arrangements for work associated with any impairment.

Please specify any special arrangements you will need to attend an interview.

Please list any diseases, disorders, allergies, muscular or musculoskeletal injuries from which you have suffered or do suffer.

Please detail any form of medicine, drugs or treatment you are currently and/or regularly receiving.

Please list all absences from work in the past three years and the reasons for such absences.

### **DECLARATION (Please read this carefully before signing this application)**

1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.

2. I agree that the organisation reserves the right to require me to undergo a medical examination.

(Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor). I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_