

Appendix 4: Self-Declaration Form



Self-Declaration Form CONFIDENTIAL	
Church name:	
INFORMATION FORM FOR EMPLOYEES/VOLUNTEERS WORKING WITH CHILDREN AND ADULTS AT RISK	
Full name:	Known as:
Maiden or former name(s):	
Home address:	
Date of birth:	Gender:
Telephone number, daytime:	Evening:
Office/church:	Job title/church office held:
Please give details of previous experience of looking after or working with children and/or adults at risk.	
Why do you want to work with children and/or adults?	
(Continue on a separate sheet if required.)	
Reference: Please give the name, address, telephone number, and position or relationship to yourself of two individuals who know you well.	
1.	
2.	

Qualifications:

Have you already received certificated child protection training? Yes No

Have you already received certificated adult at risk training? Yes No

If YES

Please give details of any relevant qualifications or training and present the original certificate:

If NO

Are you prepared to undertake appropriate training? Yes No

Please note that some training may be a requirement to enable you to work with children and adults at risk.

Have you ever been known to any statutory services as being a risk or potential risk to children or adults?

Yes No

If YES, provide details:

Have you been the subject of any disciplinary investigation and/or sanction by any organisation due to concerns about your behaviour towards children or adults at risk?

Yes No

If YES, provide details:

I confirm that there is nothing that would make me unsuitable to work with children and adults who may be at risk.

Yes No

Signed:

Print Name:

Date:

When completed this form must be held in confidence and should be retained by the local Church Disclosure Clerk, or Conference Departmental Director.

Retention period **12** months.