

CONFIDENTIAL

**ANCILLARY TEAM MEMBER
FOR (event**



Please complete this form as fully as possible using BLACK INK and BLOCK CAPITALS

Please note that if you have a disability and you require this form in another format, such as large print or audio tape/cd, please contact us using the contact details on the second page of this form.

Personal Details

Title.....Full forenames..... Surname.....
Contact address..... Alternative address.....
.....
Postcode..... Postcode.....
.....
Dates at this address.....
Telephone no. day..... Day.....
Evening..... Evening.....
Email..... Mobile.....
Date of birth..... Age..... Male / Female
If your address/surname has changed in the last year, please give previous postcode/surname.....
Names and ages of children who will accompany you.....
If you are a student or teacher, please indicate which and where.....

Emergency Contact

In case of an accident or emergency during your time on an event, please provide contact details of your next of kin.
(NB: This should NOT be someone who is there with you.)

Name..... Telephone no. day..... Evening.....
Relationship to you..... Mobile.....
Address (if different from above).....

Health and Safety

Answering yes to any of these questions will not necessarily exclude you from appointment. Please comment as fully as you feel appropriate. Use a separate sheet if necessary.

Do you have any medical conditions or any allergies (e.g. hay fever, allergy to certain foods)? Yes No (give details)

Are you currently receiving any medical treatment? Yes No (give details)

Have you received treatment or counselling for depressive illness in the past year? Yes No (give details)

Event Details

Did you serve on an event last year as a team member? If so which one?.....
What will be your role on this event?(please be specific)

Missions only

When are you available to serve this year? From..... to..... I can serve 1 week / 2 weeks
If you have a preference for a particular age group, please indicate.....

Data Protection Statement

Scripture Union will hold your address details on file but will not release the information to any third party. Some further details may be shared with a team leader. An address list may be shared with team and young people at a particular event, unless you ask for this not to occur.

Do you give your consent to this? Yes No

Declaration

The post for which you are applying is exempt from the Rehabilitation of Offenders Act 1974; it may also be subject to a CRB Enhanced Disclosure and you will be asked to complete a form if necessary. Scripture Union's policy on 'Employing people with a criminal record' is available upon request.

Do you have any current or spent criminal convictions, cautions, bindovers, reprimands or cases pending?
Yes No

If yes, please give details and continue on a separate piece of paper if necessary:-

- (i) **I have read and agree to abide by the leaflet entitled Ministry with Scripture Union.**
- (ii) **I understand that I will not be in sole supervision of a group of children or young people.**
- (iii) **I will seek to maintain the unity of the team with which I am working, being willing to put aside my denominational / church preferences and practices where necessary.**
- (iv) **I have completed all sections of the form accurately, to the best of my knowledge.**

Signed..... **Date**.....

Thank you for taking the time to complete this form. Please return to your event leader.

Event Leader Sign Off

If you are the event leader, please sign here if you have seen this form.

Signed..... **Date**.....

Any queries please contact:

Field Administration, Scripture Union, FREEPOST WD2674, 207-209 Queensway, Bletchley, Milton Keynes MK2 2XZ
Tel: 01908 856120 Fax: 01908 856012 Email: team@scriptureunion.org.uk Web: www.scriptureunion.org.uk