



# APPLICATION FORM

## SECTION 1

SURNAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

POSTCODE: \_\_\_\_\_ JURISDICTION: *N. Ireland* ☐ *Rep. of Ireland* ☐

TEL. NO: \_\_\_\_\_ MOBILE NO: \_\_\_\_\_

D.O.B. \_\_\_\_\_ E-MAIL: \_\_\_\_\_

## SECTION 2

PARISH: \_\_\_\_\_ DIOCESE: \_\_\_\_\_

PLEASE SPECIFY THE POSITION(S) THAT YOU ARE COMPLETING THIS APPLICATION FOR:

\_\_\_\_\_

\_\_\_\_\_

## SECTION 3

### *Part (i):*

Have you received an Access NI/Garda clearance for working in the Catholic Church prior to this application? YES ☐ NO ☐ (*please tick*)

Was it: Access NI ☐ Garda ☐ (*please tick*)

If you have answered *yes* please complete *part (ii)* below.

If you have answered *no* please go to *Section 4*.

### *Part (ii):*

DATE OF CLEARANCE \_\_\_\_\_

POSITION(S) VETTED FOR: \_\_\_\_\_

\_\_\_\_\_

PARISH: \_\_\_\_\_ DIOCESE: \_\_\_\_\_

## SECTION 4

Have you previously been involved in voluntary work / working with children/young people/  
vulnerable adults?

YES ☐ NO ☐ (please tick)

If yes, please give details: \_\_\_\_\_

Please give details of any degrees/qualifications or training you have undertaken that you think  
may be relevant to this post: \_\_\_\_\_

## SECTION 5

Please detail any medical conditions or allergies you have that we need to be aware of, which may  
affect you carrying out some of the requirements of the post: \_\_\_\_\_

## SECTION 6

Please provide the names and addresses of two people (*not relatives, your parish priest or the  
Safeguarding Representative*) who have known you well and would be able to comment on your  
suitability for this post.

### Referee 1:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel No: \_\_\_\_\_

In what connection does this person know  
you? \_\_\_\_\_

### Referee 2:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel No: \_\_\_\_\_

In what connection does this person know  
you? \_\_\_\_\_

## DECLARATION:

*I confirm that the information I have given on this form is correct and complete, and I agree that you may contact the people  
whose names I have given as referees. In accordance with the Data Protection Act 1998 in NI or in the ROI (delete as  
appropriate) I give my consent for the information contained in this form to be processed and stored in accordance with  
policy for the purposes of recruitment and employment.*

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

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