



APPLICATION FORM

SECTION 1

SURNAME: _____ FIRST NAME: _____

ADDRESS: _____

POSTCODE: _____ COUNTRY: *Northern Ireland* *Republic of Ireland*

TEL. NO: _____ MOBILE NO: _____

D.O.B. _____ E-MAIL: _____

SECTION 2

PARISH: _____ DIOCESE: Archdiocese of Armagh

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

Information Session Facilitator

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

a) Please outline what experience you have in:

- Safeguarding Children
- Safeguarding Vulnerable Adults
- Training

b) Please outline what qualifications you have in:

- Safeguarding Children
- Safeguarding Vulnerable Adults
- Training

c) What has motivated you to apply for the position of Information Session Facilitator?

d) What experience and knowledge do you have in the use of IT equipment such as PowerPoint, projectors and sound equipment?

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 Local Safeguarding Representative*) who have known you well and would be able to comment on your suitability for this post. One of your referees should have at least 2 years experience/knowledge of your work in the area of training or safeguarding.

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: _____