

REGISTERED CHILDREN and YOUTH WORKER (RCYW) APPLICATION

This form is to be completed by all those wishing to serve the Community of Christ in any position that involves contact with young people. The intent of this application is to:

- help the church provide a safe and secure environment for those young people who participate in any of its programmes, classes, and/or activities
- assist applicants in identifying and utilising their gifts and talents in meaningful ways.

The information provided will be held to be confidential to the church officers involved in reviewing this application.

Applicants must complete **all** parts of this form, including the certificate on the final page, and then return it to the church officer from whom it was obtained. For a position which requires authorization from the Disclosure and Barring Service (DBS), this must be accompanied by the self-declaration form. The form should be put in a sealed envelope and given to the church officer.

Applicant details

Name (first)..... (middle)..... (last).....

Please circle: Mr / Mrs / Ms / prefer not to say
 He / she / they / prefer not to say

Address.....

Post code.....

Telephone number..... Date of birth.....

Email address.....

*Name of congregation

Current pastor.....

Current congregational safeguarding lead.....

Training and experience (please attach additional pages as necessary):

- a) What is your previous experience working with children or young people?
- b) List any particular abilities you have and any education or training you have received that you feel will be useful in working with children or young people.

- c) Do you have any relevant interests or skills that are not included above?

Please circle the role you are applying for:

Registered children and youth worker (RCYW)

Registered children and youth worker assistant (RCYWA)

Please note:

1. You may only apply to register as a youth worker if you are over 21 years of age and
 - a. hold a priesthood licence, or
 - b. work with children/youth at least once a week, four times a month or at one or more overnight activity per year.
2. If you do not meet the age criteria in note one you may only apply to register as an assistant.
3. If you are 18 years or older, as part of registering as RCYW or RCYWA, you will have to complete a Disclosure and Barring Service (DBS) application.

Referees

Give the names of three people **who are not related to you** and who can vouch for your suitability and trustworthiness to serve with children and young people. At least one of your referees should not be a member of the church.

If you qualify for completing a DBS check this will stand as your third reference and so you will only need two references.

Name _____
Address _____

Email _____
Occupation _____
Capacity in which
known to me _____

Name _____
Address _____

Email _____
Occupation _____
Capacity in which
known to me _____

Name _____
Address _____

Email _____
Occupation _____
Capacity in which
known to me _____

(Only needed if you do not qualify for a DBS check)

Please tick one of the statements below

☐ I have completed the attached self-declaration form, placed it in a sealed envelope and addressed it to
(the person responsible for processing disclosure checks).

☐ I have been made aware that I am not completing a DBS application because I do not meet the requirements set by the Disclosure and Barring Service. I understand I must work with a RCYW at all times.

Certificate, declaration and authorisation

I authorise any references and organisations listed in this application to give you any information they may have regarding my character and fitness for children and youth work. I release all such references from liability for any damage that may result from furnishing such evaluations to you and I waive any right to inspect references provided on my behalf.

Should my application be accepted, I agree to be bound by the rules and regulations and policies of Community of Christ and to act in accordance with those in the performance of my services on behalf of the church.

I certify that all the information given by me in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions may disqualify my application or result in my immediate dismissal if I am already serving in a children and youth related position.

Applicants signature.....

Date.....

*If you do not regularly attend a congregation but will be on staff at a youth residential activity please complete below:-

Name of camp experience.....

Camp director.....

or

Camp safeguarding officer.....

Self-Declaration Form for a Position Requiring a Disclosure

STRICTLY CONFIDENTIAL

As a place of worship/organisation we undertake to meet the requirements of the Data Protection Act 1998 and all other relevant legislation, and the expectations of the Information Commissioners Office relating to the data privacy of individuals. All applicants are asked to complete this form, detach it from the Application Form and return it, to the Recruiter detailed below, in a separate sealed envelope

To: _____
(Name of Recruiter responsible for processing Disclosure and Barring Service checks)

Address: _____

Children/Youth position applied for: (tick one)

Worker _____ Assistant _____

.....

CONVICTION HISTORY

Have you ever been convicted of a crime other than a minor traffic offence?

(Yes/No) _____

Are you currently to your knowledge under suspicion of having committed any crime other than a minor traffic offence?

(Yes/No) _____

If you have answered "Yes" to either of the above questions, please state the date and nature of the offence or suspected offence:

Are you currently under investigation, or have you ever been recorded by the Department of Social Services (or any other similar Department or Agency) for substantiated or suspected child abuse or neglect, or any criminal activity involving a minor?

(Yes/No) _____

If you answered "Yes" please give full details including the date, place and nature of the record where appropriate:

Has there ever been any cause for concern regarding your conduct with children, young people? (Yes/No) _____

If yes, please give details.

DECLARATION To help us comply with all relevant safeguarding legislation, complete the following declaration.

I (full name) _____

of (address) _____

consent to a criminal records check. I am aware that details of pending prosecutions, previous convictions, cautions, against me may be disclosed along with any other relevant information which may be known to the police. I agree to inform the person within the church responsible for processing disclosure applications if I am convicted of an offence after I take up the position within the church. I understand that failure to do so may lead to the immediate suspension of my work with children. I agree to inform the person within the church responsible for processing disclosure applications if I become the subject of a police and/or a social services/(Children's Social Care or Adult Social Services)/Social Work Department investigation. I understand that failure to do so may lead to the immediate suspension of my work with children

Signed: _____ Date: _____

COMMUNITY OF CHRIST

British Isles Mission Centre

Date: _____

Dear _____

_____ has applied to give some part time help in the church's children's/youth activities. Before we can accept any volunteer in this type of work, we must be sure that they are suitable. It is the church's duty to protect young people from any harm, be it of a physical emotional or sexual nature, and all applicants for this type of work are now required to sign an undertaking to this end and to nominate referees who will provide them with character references.

_____ has given your name as someone who will provide such a character reference. Consequently, I would be grateful if you would complete the enclosed form, which will be treated in the strictest confidence, and return it as soon as possible to

at

Please accept our thanks in anticipation of your reply.

Yours sincerely,

COMMUNITY OF CHRIST

British Isles Mission Centre

Date: _____

Dear _____

_____ has applied to give some part time help in the church's children's/youth activities. The application is to serve as a children's/youth worker assistant and, as such, they will only be used under the supervision of a registered children's/youth worker.

Before we can accept any volunteer in this type of work, we must be sure that they are suitable. It is the church's duty to protect young people from any harm, be it of a physical emotional or sexual nature, and all applicants for this type of work are now required to sign an undertaking to this end and to nominate referees who will provide them with character references.

_____ has given your name as someone who will provide such a character reference. Consequently, I would be grateful if you would complete the enclosed form, which will be treated in the strictest confidence, and return it as soon as possible to

at

Please accept our thanks in anticipation of your reply.

Yours sincerely,

COMMUNITY OF CHRIST

British Isles Mission Centre
Community of Christ,
Thanet Street,
Clay Cross
Chesterfield, S45 9JS

Reference Form

Private and Confidential

Name of applicant to serve as a voluntary and part-time Children's/Youth Worker:

What is your relationship with the applicant?
(Please tick as appropriate)

Friend
Employer
Other
(specify) _____

How long have you known this person?

With your knowledge and experience of this person, please comment on his/her suitability to work with children/young people. Please include comments about his/her honesty, reliability, health and experience of working with children/young people. (Continue over the page if necessary.)

Are there any other comments you would like to make about the applicant?

Signed _____ Date _____

COMMUNITY OF CHRIST

British Isles Mission Centre
Community of Christ,
Thanet Street,
Clay Cross
Chesterfield, S45 9JS

Reference Form

Private and Confidential

Name of applicant to serve as a voluntary and part-time
Children's/Youth Worker Assistant:

What is your relationship with the applicant?
(Please tick as appropriate)

Friend
Employer
Other
(specify) _____

How long have you known this person?

With your knowledge and experience of this person, please comment on his/her suitability to work with children/young people. Please include comments about his/her honesty, reliability, health and experience of working with children/young people. (Continue over the page if necessary.)

Are there any other comments you would like to make about the applicant?

Signed _____ Date _____

Community of Christ**STATEMENT OF PERSONAL INTERVIEWER**

Applicant's Name: _____ Date of Interview: _____

I have today interviewed _____ and reviewed their application form and references.

To the best of my knowledge I find them to be of good character, and to possess the qualities that are needed to serve as a

Children's/Youth Worker

Children's/Youth Worker Assistant (please delete as appropriate)

Interviewer's Signature: _____

Interviewer's Office / designation: _____

OR

I have today interviewed _____ and reviewed their application form and references. I cannot recommend them to serve as a Children's/Youth Worker /Assistant

Interviewer's Signature: _____

Interviewer's Office / Designation: _____

Please send this form when completed, along with the application form and all other original documents relating to this application, to the Mission Centre Safeguarding Coordinator for final approval, filing and safekeeping.

APPROVED BY THE MISSION CENTRE SAFEGUARDING COORDINATOR:

Signature

Date

COMMUNITY OF CHRIST

British Isles Mission Centre

**Community of Christ
Thanet Street,
Clay Cross
Chesterfield, S45 9JS
Tel: 01246 768831**

Applicant:

APPLICATION TO SERVE AS A CHILDREN'S/YOUTH WORKER

I have reviewed your application, references and the report of your interview to serve the 'Community of Christ' as a children's/youth worker and I am pleased to be able to inform you that your application has been successful.

The appropriate church officers will be notified that you are now registered to serve the church in this capacity.

Signature of Mission Centre Safeguarding Coordinator

Date _____

COMMUNITY OF CHRIST

British Isles Mission Centre

**Community of Christ,
Thanet Street,
Clay Cross
Chesterfield, S45 9JS
Tel: 01246 768831**

Applicant:

APPLICATION TO SERVE AS A CHILDREN'S/YOUTH WORKER ASSISTANT

I have reviewed your application, references and the report of your interview to serve the 'Community of Christ' as a children's/youth worker assistant and I am pleased to be able to inform you that your application has been successful.

In the role of children's/youth worker assistant, you will be required to work under the supervision of a registered children's/youth worker.

The appropriate church officers will be notified that you are now registered to serve the church in this capacity.

Signature of Mission Centre Safeguarding Coordinator

Date _____

Youth Worker Registration Interview Questions

The following questions may form the basis of an interview between the appropriate officer and an applicant to be a youth worker or assistant:

- Why have you applied to be registered as a children's/youth worker or assistant?
- What is your experience of working with young people and what are the highlights of that experience?
- What do you feel are your strong points that will help you as a youth worker and what do you feel are your weaker points?
- Have you read the Safeguarding policy? Are there any elements of this document that you wish to discuss? Are you willing to abide by this policy?
- Are you willing to be involved in youth worker training programmes if offered the opportunity?
- What other outside interests do you have?
- Are the statements on your application form correct? (Must always be asked)

COMMUNITY OF CHRIST

**CHILDREN'S /YOUTH WORKER
RENEWAL STATEMENT FOR 20__**

Name: _____

I have reviewed the ministry that this person has provided over the past year and recommend the following action:

(Please tick one of the options below)

1. Their annual registration as a Children's/Youth Worker be renewed _____
2. Their registration as a Children's/Youth Worker be deferred _____
3. Their name be removed from the Children's/Youth Worker register _____
4. Their registration be amended to Children's/Youth Worker Assistant _____

If you have recommended option 2, 3 or 4 please give reasons below:

Signature of Church Officer

Date_____

Office

Please return this form to the Mission Centre Safeguarding Coordinator,

COMMUNITY OF CHRIST
CHILDREN'S /YOUTH WORKER ASSISTANT
RENEWAL STATEMENT FOR 20__

Register Number _____

Name: _____

I have reviewed the ministry that this person has provided over the past year and recommend the following action:

(Please tick one of the options below)

1. Their annual registration as a Children's/Youth Worker Assistant be renewed _____
2. Their registration as a Children's/Youth Worker Assistant be deferred _____
3. Their name be removed from the Children's/Youth Worker register _____
4. Their registration be amended to Children's/Youth Worker _____
(Note – anyone under the age of 21 must be registered as an assistant)

If you have recommended option 2, 3 or 4 please give reasons below:

Signature of Church Officer

Date _____

Office

Please return this form to the Mission Centre Safeguarding Coordinator,

Record of Disclosure CONFIDENTIAL

Name of Child/Young Person: _____

Address: _____

Date of Birth: _____

Name of Person Reporting Event: _____

Date: _____ Time: _____

Event/Location: _____

Persons present at time of disclosure: _____

Details of Disclosure, including any response/action taken with child/young person following the disclosure (Use additional pages, if necessary):

Signature of Person Reporting Event

Date

Signature of Safeguarding Coordinator

Date

INCIDENT FORM

This form should be completed immediately after any safeguarding incident occurs

Day, date and time of incident: _____

Names, ages and addresses of those involved in the incident:

Place where the incident took place: _____

Name of your group: _____

Person responsible for the group at the time of the incident (name, address and telephone number): _____

Workers supervising the group at the time of the incident (name, addresses and telephone numbers): _____

Witnesses to the incident (names, addresses, telephone number and ages if under 16).
Normally only two witnesses would be needed. _____

Name of Person Informed: _____ Date and Time: _____

Details of Incident:

COMMUNITY OF CHRIST

**PROVIDING TRANSPORT FOR CHILDREN
ON BEHALF OF THE CHURCH**

The church's child protection policy states that wherever possible there should be a registered youth worker in vehicles transporting children.

In the case where children are being transported by an adult not registered as a youth worker, that adult should read this form and sign it to indicate that they understand and will comply with its contents.

The driver must:

- Have adequate car insurance for transporting children on behalf of the church.
- Have a clean driving licence excluding SP30 (speeding and parking convictions).
- Carry completed consent forms for each child in the vehicle during the journey.
- At no point be transporting only one unaccompanied child.

If other vehicles are travelling to the same venue and it will be necessary to make a stop on the way then make arrangements before setting off for all vehicles to stop at the same place(s).

The driver of the vehicle will be responsible for ensuring the safety of the children at all times during the journey.

I understand the contents of this form and agree to comply with them.

(signed)

(date)

Regular Activity - Parental Consent Form

This information will be held in confidence.

Name of church/group: _____

DETAILS OF CHILD

Full name of child: _____ Gender: _____

Address: _____ Post Code: _____

Telephone No. (in case of an emergency): _____ Date of Birth: _____

MEDICAL

Please give details of any medical conditions (e.g. asthma, epilepsy, diabetes, allergies, dietary needs etc.) or disabilities which may affect normal activity? _____

CONSENT

In an emergency and/or if I am not contactable I am willing for my child to receive necessary hospital or dental treatment including an anaesthetic. **Yes/No** (Please delete as appropriate)

I am willing for videos and photographs of my child taken at the youth group to be displayed in the church building or to be used in promoting the group. **Yes/No** (Please delete as appropriate)

I understand the nature of the activities to be offered and give permission for my child to take part in the normal activities of this group, which may include swimming, visits to a leisure centre and other activities outside the building normally used. I understand that while involved he/she will be under the control of the group leader and/or other adults approved by the church leadership and that, while the staff in charge of the group will take all reasonable care of the children, they cannot necessarily be held responsible for any loss, damage or injury suffered by my child during, or as a result of, the activity.

Signed _____
(parent or adult with parental responsibility)

(date)

INSURANCE

The church has a liability insurance policy, which provides protection in respect of claims made against the church in respect of negligence by the church or its officers. This policy does not provide for damage / loss in respect of personal belongings of the participant or for similar risks.

Camps/Special Events - Parental Consent Form

This information will be held in confidence.

DETAILS OF CHILD

Full name of child: _____

Date of Birth: _____

Gender: _____

EVENT

Name of Activity: _____

From (date): _____ To (date): _____

Venue: _____ Tel: _____

This event may include the following activities, which may have some risk involved. Please indicate any of these which you do not wish your child to participate in:

Please delete Yes or No as appropriate for the following statements:

In an emergency and/or if I am not contactable I am willing for my child to receive necessary hospital or dental treatment including an anaesthetic. **Yes / No**

I am willing for my child to be administered Paracetamol or Calpol if necessary. **Yes/No**

I am willing for a plaster to be applied to my child for a minor injury. **Yes/No**

I give permission for my child to travel in a vehicle with a Registered youth worker/ parent to get to the camp and for off-site activities during the camp. **Yes / No**

I give permission for my child to apply sun cream provided by the camp where necessary. **Yes/No**

I give permission for an adult to apply sun cream to my child if they are not able to apply it themselves. **Yes / No**

I am willing for videos and photographs of my child taken at this event to be displayed in the camp log and/or to be used in promoting Dunfield and future camps. **Yes / No**

Swimming:

My child **can / cannot** swim.

My **can swim/ cannot swim** 25m confidently

My child can swim **with / without** armbands. (Arm bands must be provided by home if the child requires these)

MEDICAL/ PHYSICAL

In an emergency the following person should be contacted:

Full name: _____

Relationship to the child: _____

Address: _____ Post Code: _____

Telephone: (Daytime) : _____ Telephone: (Evening): _____

Name of Family Doctor: _____ Telephone: _____

Name of Doctors surgery: _____

Details of any medical, physical, emotional, behavioural or social conditions which the leaders should be aware of: _____

Details of any allergies (medical or food) or special dietary requirements:

All medication should be given to the Camp Director or designated First Aider, clearly marked with name and full instructions for use. Where a child has a spare inhaler, they may retain one for themselves.

Details of any medication required during the camp: _____

I understand the nature of the activities to be offered to my child, and give permission for my child to take part in the activities of this group. I understand that while involved he/she will be under the responsibility of the camp director and/or other adults approved by the church leadership (and DBS checked) and that, while the staff in charge of the group will take all reasonable care of the children, they cannot necessarily be held responsible for any loss, damage or injury suffered by my child during, or as a result of, the activity.

Signed _____ Date _____
Parent or adult with parental responsibility

INSURANCE

The church has a liability insurance policy, which provides protection in respect of claims made against the church in respect of negligence by the church or its officers. This policy does not provide for damage/ loss in respect of personal belongings of the participant or for similar risks unless the loss or damage results from such negligence. Parents are in order to take out further insurance for areas not covered by the insurance detailed above if they so wish.