



CATHOLIC SYRO-MALABAR EPARCHY OF GREAT BRITAIN

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Registered Charity Number: 1173537

APPLICATION FORM FOR VOLUNTEER ROLES WITHIN THE CSMEGB

*(THIS FORM CAN ALSO BE USED FOR ROLES INVOLVING CHILDREN, YOUNG PEOPLE AND
VULNERABLE ADULTS)*

(CSMEGB/FORM-001)

If you have a disability that may make the completion of this form difficult, the form can be completed by someone on your behalf however we will still require your signature. If you have a disability that may make it difficult for you to attend an informal chat regarding the role, please advise us so we can assist you as appropriate.

VOLUNTEER ROLE

(Please complete in **BLOCK CAPITALS** using black ink)

Please state name of Parish/Mission Centre/Proposed Mission Centre (include town):

Role(s) Applied For:

By applying to work with children or vulnerable adults within the Catholic Syro-Malabar Eparchy of Great Britain, you are confirming that you are not barred from working with vulnerable groups. If this is not the case, and the role you are applying for is defined as Regulated Activity, you are committing a criminal offence.

PERSONAL INFORMATION

Title: Mr/Mrs/Miss/Ms/Other (please specify)

Current Full Name: (please include all forenames in addition to your surname)

Name Known By: (if applicable)

Full Address inc Postcode:

Preferred Contact Telephone number(s):

Email Address:

VOLUNTEERS FROM OUTSIDE OF THE United Kingdom

If you are from the European Union, you will have to check the latest guidelines (post Brexit) on the right to work/volunteer in the UK. If you are from outside the EU, you will need to check that your visa allows you to volunteer.

Individuals who are asylum seekers, with refugee status or who have exceptional leave to remain can volunteer.

The UK Borders and Immigration Agency should be contacted if there is any uncertainty about permission to volunteer in the UK.

Are you permitted to volunteer in England and Wales? Please tick

YES	
NO	

Question 1 of 3

Please tell us something about yourself – any interests or experience you have which are relevant to **the role(s)**.

Question 2 of 3

Do you have any current medical conditions you feel we should be aware of in order that we can ensure your wellbeing whilst you undertake the role(s)?

Question 3 of 3

Please give names, addresses and telephone numbers of two people who we may contact who have known you well for at least 2 years and would be able to comment on your suitability for this role.

NOTE: We cannot accept references from your relatives or family members; the Priest In-charge/ Deacon or members of Eparchy's Safeguarding Team. Please note that only 1 of the 2 required

referees may be a member of the group/activity to which you are applying to work. We will be contacting the people you detail below for the purpose of obtaining a reference for you, in respect of this specific role. You must seek permission from your referees, in advance of providing their contact details for the purpose of providing a reference. Please confirm below for each referee, that you have obtained their consent

Referee 1	Referee 2
Full Name	Full Name
Full Address (inc Postcode)	Full Address (inc Postcode)
Preferred Contact Telephone number(s)	Preferred Contact Telephone number(s)
Email Address:	Email Address:
In what capacity does this person know you?	In what capacity does this person know you?

Declaration (please read, sign & date)

- I give my consent, in accordance with the GDPR/Data Protection Act 2018, for the information contained in this form to be processed and stored for the purposes of recruitment.
- I confirm that consent has been obtained from the referees, to provide their name and contact details, for the purpose of providing a reference for this specific role.
- I understand that a Disclosure & Barring Service (DBS – formerly known as CRB)/pre-appointment vetting checks will be required as part of the recruitment process, **if the volunteer role involves working with children and vulnerable adults**. Details of the Disclosure will be recorded and retained indefinitely on the National CSAS Confidential Database.
- By making this application I confirm that I am not barred from working with vulnerable groups and understand that to apply to work with such group/s in Regulated Activity roles when barred from doing so is a criminal offence.
- In the event that I am not appointed or in the future step down from the post, I understand that relevant information will be retained on file until I reach normal retirement age, or for 10 years if that is longer. (As per Working Together good practice guidance)
- I declare that the information I have given on this form is correct and true to my knowledge.

Signed:

Dated:

**PLEASE RETURN THIS FORM TO (either by post or e-mail) YOUR RESPECTIVE
PARISH/MISSION/PROPOSED MISSION CENTRE:**

E-mail: recruitment@csmegb.org

Address: