

CONFIDENTIAL

**SCRIPTURE UNION REPUBLIC OF IRELAND
REAPPLICATION FORM**

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

PERSONAL DETAILS

Title: _____ Surname: _____ Forename(s): _____

Address: _____

Tel No: (Day) _____ (Eve) _____ Mobile: _____

E-mail: _____ Fax: _____

Contact Address: (if different from above)

Tel No: _____ (Use this address from _____ to _____)

Date of birth: _____ Age: (at start of activity) _____

Name of Local Church: _____ Denomination: _____

REFEREE

Please give the names and address of a Christian Leader who knows you well. It will not usually be necessary to take up this reference.

Name: _____ Position in
Church: _____

Address:

Tel No:(Day) _____
_____ (Eve) _____

EMERGENCY CONTACT

In case of an accident or emergency during your time on the activity, please provide the details of a suitable emergency contact. (NB This should be someone who is not present with you on the activity.)

Name: _____ Address: _____

_____ Relationship to you: _____

Tel:(Day) _____ (Eve) _____ (Mobile) _____

GENERAL INFORMATION

Please list any relevant training you have gained in the past year or skills you bring:

Explain briefly how God has worked in your life in the past year:

HEALTH AND SAFETY ISSUES

If you answer "Yes" to any of these questions please add some supplementary details as you feel appropriate on an extra page. This won't necessarily exclude you from joining a team.

- | | | |
|--|----|-----|
| Do you have any current or spent criminal convictions or cases pending? | No | Yes |
| Do you have any medical conditions or allergies? | No | Yes |
| Are you currently receiving any medical treatment? | No | Yes |
| Have you had treatment or counseling for depressive illness in the past 3 years? | No | Yes |
| Do you have any special needs or disabilities? | No | Yes |
| Do you require a special diet? (If so please specify) | No | Yes |

DECLARATION

- (i) I have read the Scripture Union Statement of Aims and Belief;
- (ii) I have read and agree to comply with the Child Protection Policy document;
- (iii) I will seek to maintain the unity of the team, being willing to put aside my denominational / church preferences and practices where necessary;
- (iv) I have completed all sections of the form truthfully.

Signed: _____ Date: _____

**Return to: Scripture Union
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Dun Laoghaire
Co. Dublin**

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E-mail: info@scriptureunion.ie