



turn a frown upside down

9 Bon Accord Square  
ABERDEEN  
AB11 6DJ

## APPLICATION FORM

### 1. PERSONAL DETAILS

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone Home: \_\_\_\_\_ Work: \_\_\_\_\_

E-mail: \_\_\_\_\_ Mobile \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Do you have a current Driving Licence? \_\_\_\_\_

Do you have access to a car? \_\_\_\_\_

### 2. CURRENT EMPLOYMENT STATUS

*(please tick as appropriate)*

Not in paid Employment: \_\_\_\_\_

Employed: \_\_\_\_\_ Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_

Name of Address of Employer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nature of Employment: \_\_\_\_\_  
\_\_\_\_\_

If you are in employment, can we contact you at work? YES / NO

Telephone Number: *(if applicable)* \_\_\_\_\_

3. **WHAT ARE YOUR INTERESTS/HOBBIES?**

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4. **PLEASE TELL US WHY YOU WOULD LIKE TO BEFRIEND A CHILD/YOUNG PERSON:**

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5. **WHAT DO YOU CONSIDER YOU COULD OFFER A CHILD/YOUNG PERSON?**

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6. **ARE YOU OR HAVE YOU EVER BEEN KNOWN TO THE SOCIAL WORK DEPARTMENT?**

**YES / NO (Please delete as appropriate)  
IF YES, IN WHAT CAPACITY?**

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7. **PLEASE GIVE US THE NAMES AND ADDRESSES OF TWO REFEREES, (not family members, employers or work colleagues) WHO HAVE KNOWN YOU WELL, ON A PERSONAL LEVEL FOR AT LEAST 3 YEARS.**

(A)	_____	(B)	_____
	_____		_____
	_____		_____
	_____		_____

*I hereby consent to the information contained in this Application Form being held by the Befriend a Child*

**SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

**CONFIDENTIALITY**

The above information will be kept securely in the strictest confidence under the requirements of the Data Protection Act 1998. You are entitled to view this information within the Organisation. If you have any objections to the Organisation holding your data, please inform the Organisation. Non-personal and non-specific data may be used for statistical purposes.

**RETURN COMPLETED APPLICATION FORM TO THE ORGANISATION ADDRESS,  
TOGETHER WITH 2 (two) RECENT PASSPORT SIZE PHOTOGRAPHS.**

# BEFRIEND A CHILD

## EQUAL OPPORTUNITIES MONITORING FORM

Befriend a Child is striving towards the achievement of equality of opportunity in its employment practices, in the work it undertakes and in the provision of all its services.

To monitor the operation of this policy, it is necessary to collect information from all applicants. We would be grateful if you could assist us by completing this form. All information will be treated in the strictest confidence and applicant's names will not be shown in any statistics produced.

**1. GENDER**

My sex is (*please tick*)

Male: \_\_\_\_\_

Female: \_\_\_\_\_

**2. AGE**

My age is (*please tick*)

19 – 25 .....

26 – 40 .....

41 – 55 .....

Over 55 .....

**3. PERSONAL CIRCUMSTANCES**

I am (*please tick*)

Single \_\_\_\_\_

Married \_\_\_\_\_

Living with partner \_\_\_\_\_

Other \_\_\_\_\_ (*e.g. divorced/widowed*)

**4. I HAVE THE CARE OF:**

◆ A dependent Child \_\_\_\_\_

◆ Dependent Children \_\_\_\_\_

◆ Other Dependents \_\_\_\_\_

**5. NATIONALITY**

My Nationality is: \_\_\_\_\_

**6. ETHNIC ORIGIN**

Ethnic origin is not about nationality, place of birth or citizenship. It is about colour and broad ethnic group. UK citizens can belong to any of the groups indicated.

**I would describe my ethnic origin as:** *(please tick)*

**White European** \_\_\_\_\_ **White (other)** \_\_\_\_\_

**Pakistani** \_\_\_\_\_ **Black Caribbean** \_\_\_\_\_

**Bangladeshi** \_\_\_\_\_ **Black African** \_\_\_\_\_

**Chinese** \_\_\_\_\_ **Indian** \_\_\_\_\_

**Black Other** *(please describe)* \_\_\_\_\_

**Other** *(please describe)* \_\_\_\_\_

**Any other details you wish to give:** \_\_\_\_\_

**7. RELIGION**

**My religion is** *(please specify)* \_\_\_\_\_

**I do not have a religion** *(please tick)* \_\_\_\_\_

**8. DISABILITY**

**I consider myself to have a Disability**

**Please specify:** \_\_\_\_\_  
\_\_\_\_\_

**9. ADVERTISING**

**Where did you see this post advertised?** \_\_\_\_\_  
\_\_\_\_\_

**10. COMMENTS**

**Do you have any comments on our monitoring form?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DECLARATION**

**I declare that the information I have provided is correct to the best of my knowledge. I understand that my personal data will be held in confidence in accordance with the Data Protection Act 1998.**

*I hereby consent to the information contained in this Equal Opportunities Monitoring Form being held by the Befriend a Child.*

**SIGNATURE:** \_\_\_\_\_

**DATE** \_\_\_\_\_

# BEFRIEND A CHILD

## STRICTLY CONFIDENTIAL

### VETTING PROCEDURES

This post will require completion of a self-declaration form and a Disclosure check at Enhanced level. Disclosure checks will only be requested for those applicants that we wish to appoint.

- (i) **Self Declaration Form:** Please confirm that you have completed the self-declaration form and returned it to us in the pre-addressed envelope.

Please tick:

- (ii) **Disclosure Check:** Please confirm that, you understand and agree to a Disclosure check should we wish to appoint you to a post that involved working with children. Proof of identification will be required. (Birth Certificate, Passport, Driving Licence)

Please tick:

### DECLARATION

I confirm that the information I have given in this form is accurate and truthful.

Signed \_\_\_\_\_ Date \_\_\_\_\_