



Declaration Form for Party Leaders 2012

This form is strictly confidential and is in no way a comment or judgment on your qualities. All party leaders attending at Activate *Youth & Children's* Camp need to complete it. Should you have questions regarding the form please direct them to Activate leadership.

Your Details

Full Name: _____ Date of Birth: _____

Maiden or Former Name: _____ Telephone: _____

Email address: _____ Mobile: _____

Home Address: _____

How long have you lived at the above address? _____
(If less than 3 years please complete previous address.)

Previous Address: _____

How long did you live there? _____

Name of church currently attending: _____

Name and address of Minister: _____

(If less than 3years please complete previous church.)

Name of previous church attended: _____

Name and address of previous Minister: _____

Please give the name of the youth group in which you are in charge of/ or are a leader in:

References and Work Experiences

We require the name, address and phone number of at least one person we can contact for a reference (non family member.) Please list them below.

Please give details of previous experience you've had in looking after, or working with, children / young people. Include details of training received.

Criminal Convictions

Have you ever been convicted of a criminal offence or been cautioned by the police or bound over to keep the peace? (1)

No _____
Yes _____ (if yes please give details on a separate sheet of paper)

Have you ever been held liable by a court for a civil wrong, or had an order made against you by matrimonial or family court?

No _____
Yes _____ (if yes please give details on a separate sheet of paper)

Has your conduct ever caused or been likely to cause harm to a child, or put a child at risk, or, to your knowledge, has it ever been alleged that your conduct has resulted in any of these things? (2)

No _____
Yes _____ (if yes please give details on a separate sheet of paper including the date(s), nature of conduct, and whether you were disciplined, moved to other work or resigned from any paid or voluntary work as a result.)

Have you had a CRB check done through your church?

No _____
Yes _____

When was this done? Date _____

Please send us the original CRB certificate with this form. Once we have recorded the necessary information we shall return the original to you.

If you have been to camp previously and have submitted your CRB certificate before, you do not have to do so again. Please indicate below if this is the case.

Emergency Contacts

Please give us details of whom we can contact on your behalf, in the case of an emergency while on camp:

Name: _____ Relationship to you: _____
Phone number: _____

Name: _____ Relationship to you: _____
Phone number: _____

Medical & Dietary Information

Will you be on any medication while at camp? If so, please state:

Do you have any allergies or contagious conditions? If so, please state:

Do you have any special dietary requirements? If so, please state:

Doctors name: _____ Tele No.: _____

I confirm that the information submitted on this form, is correct. Enclosed is my original CRB certificate, (If I have one.)

Signed _____ Date _____

Notes:

- (1) Because of the nature of the work, this post is exempt from the provision of Section 4(ii) of the *Rehabilitation of Offenders Act 1974* (Exemptions Order 1975), and you are therefore not entitled to withhold information about convictions which for other purposes are "spent" under the provisions of the Act, any failure to disclose such convictions could result in the withdrawal of approval to work with children and / or young people within Activate Youth & Children's Camp
- (2) A 'child' for this purpose means anyone under the age of eighteen