



Application Form Youth Team 2017

Photograph
here
please

**Please print clearly and answer all the questions.
2 references must be provided for potential team members.
Application and References do not guarantee a place on team.**

Office use only
Date received:

<p>1. Title & Name: Mr/Miss/Mrs/Rev/Other: _____ First Name: _____ Other names: _____ Family Name: _____</p>	<p>4. Marital Status: (please circle) single / engaged / married / widowed / divorced / separated</p> <p>5. Date of Birth: ____ / ____ / ____ (Must be 17+ on or before date of travel)</p> <p>6. Occupation: _____ If a student: Where: _____</p> <p>7. Gender: (please circle) Male / Female</p>
<p>2. Present Address: _____ _____ _____ Postcode: _____ Telephone: _____ Mobile: _____ Email: _____ Address valid until: _____ Preferred method of contact: <input type="checkbox"/> Telephone <input type="checkbox"/> Email <input type="checkbox"/> Mobile <input type="checkbox"/> Post</p>	<p>8. Passport Information: Do you hold a current passport? Yes/No Date of expiry: ____ Nationality: _____ If you currently hold a passport please include a black & white copy of this with your application.</p>
<p>3. Permanent Address: (Home address for those at university) _____ _____ _____ Postcode: _____ Telephone: _____</p>	<p>9. Emergency contact: Name: _____ Relationship to you _____ Address: _____ _____ _____ Postcode: _____ Telephone: _____ Mobile: _____</p>

10. Name of the church you attend regularly:

Denomination: _____

Name of minister/pastor: _____

Address: _____

Postcode: _____

Telephone: _____

Website: _____

11. Reference: We may need to contact two responsible adults who know you well. Please do not ask a relative.

Ref 1: Pastor/Youth worker/Deacon/Elder/Other: (please circle)

Name: _____

Address: _____

Postcode: _____

Contact Number: _____

Ref 2: Pastor/Youth worker/Deacon/Elder/Other: _____ (please circle)

Name: _____

Address: _____

Postcode: _____

Contact Number: _____

Give the attached reference forms to the above people and ask them to complete it fully and return it to the address at the bottom of the form as soon as possible.

12. Medical Information

Are you on any medication? (Please circle)
Yes / No

If Yes, which medication? _____

What is it for? _____

Have you (in the last few years) or are you receiving counselling? If so, please explain on a separate sheet.

What physical disabilities, if any, do you have?

Do you have any ongoing illnesses?

Are you a smoker: (please circle) Yes / No

13. Dietary Information:

Are you a vegetarian? (Please circle)
Yes / No

If yes; would you eat some meat if necessary? (Please circle)

Yes / No

Do you have any food allergies or need a special diet? (Please circle)

Yes / No

If Yes, explain; _____

16. Talents

Please tick areas you are qualified or have experience:

- | | | |
|---|--------------------------------------|--|
| <input type="checkbox"/> Work/volunteer with kids | <input type="checkbox"/> Pastoral | <input type="checkbox"/> Music |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Photography | <input type="checkbox"/> Sports/games |
| <input type="checkbox"/> Building/construction | <input type="checkbox"/> Evangelism | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Drama | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Craft/children's work |

17. Child Protection

Abaana treats with the utmost seriousness its responsibility to safeguard and protect children and young people by preventing unsuitable people from working with them in paid or voluntary positions. Successful applicants may be required to undergo Enhanced Disclosure Certificate from AccessNI confirming the eligibility of the applicant to work with children and young people.

Have you ever been convicted of a criminal offence? Yes / No (please circle)

If yes, please give details (disclosure is subject to the Rehabilitation of Offenders Act, 1974)

18. Other Information

Is there any other information you feel we should know that may affect your experience of the team?

19. Declaration

The facts set forth in this application are, to the best of my knowledge, true and complete.

Signed: _____

Name: _____

Date: _____

20. Parental Consent:

If you are under 18 years on date of travel 2017, your parent /guardian must sign this form as well as yourself.

Parental/Guardian consent:

I give my consent for the applicant to take part in the 2017 Abaana team.

I give / do not give (**please circle**) consent for photos of the applicant taken during the trip to be used by Abaana for future promotional purposes.

Signed: _____

Name: _____

Date: _____

Post completed form along with registration fee of £10 to: Louise Skelton

Abaana Teams, 78 High Street, Bangor, Co. Down, BT20 5AZ, Northern Ireland.

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