

CONFIDENTIAL

# TEAM UPDATE FORM for X:site Glos



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

Please note that if you have a disability and you require this form in another format, such as large print or audio tape/cd, please contact us using the contact details on the second page of this form.

## Personal Details

Title.....Full forenames..... Surname.....

Contact address..... Alternative address.....

.....

Postcode..... Postcode.....

..... Dates at this address.....

Telephone no. day..... Day.....

Evening..... Evening.....

Email..... Mobile.....

Date of birth.....Age..... Male / Female

If your address/surname has changed in the last year, please give previous postcode/surname.....

Names and ages of children who will accompany you.....

If you are a student or teacher, please indicate which and where.....

## Emergency Contact

In case of an accident or emergency during your time on an event, please provide contact details of your next of kin.  
(NB: This should NOT be someone who is there with you.)

Name..... Telephone no. day..... Evening.....

Relationship to you..... Mobile.....

Address (if different from above).....

## Church Information

Please give details of your church leader. We may contact them for a reference.

Name of Church you attend.....

Name of leader..... Telephone no..... Email.....

## Event Details

Which event(s) did you serve on within the last 12 months as a team member?.....

Which event(s) are you planning to serve on within the next 12 months? 1.....2.....

3.....4.....

### Missions only

When are you available to serve this year? From..... to..... I can serve 1 week / 2 weeks

If you have a preference for a particular age group, please specify.....

Would you be willing to serve as part of a drama group? (No experience necessary) Yes  No

Can you play a musical instrument? What type? Yes  No

Will you bring it with you? Yes  No

Will you bring a car? Yes  No

Would you be willing to serve as part of a catering team? (No experience necessary) Yes  No

Would you be willing to serve as part of a worship group? Yes  No

## Health and Safety

Answering yes to any of these questions will not necessarily exclude you from re-appointment. Please comment as fully as you feel appropriate. Use a separate sheet if necessary.

Do you have any medical conditions or any allergies (e.g. hay fever, allergy to certain foods)? Yes  No  (give details)

Are you currently receiving any medical treatment? Yes  No  (give details)

Have you received treatment or counselling for depressive illness in the past year? Yes  No  (give details)

Do you require a special diet? Yes  No  (give details)

## Recent Experience

Any experience you have gained in the **past year** in youth or children's work, either inside or outside the church.

Any practical experience you have gained in the **past year** (e.g. leadership, administration, art, photography, sports etc.).

Any relevant qualifications or practical training certificates you have gained in the **past year** (e.g. life saving, first aid etc.). Please give details and the dates qualifications were obtained.

## Data Protection Statement

Scripture Union will hold your address details on file but will not release the information to any third party. Some further details may be shared with a team leader. An address list may be shared with team and young people at a particular event, unless you ask for this not to occur.

Do you give your consent to this? Yes  No

## Declaration

The post for which you are applying is exempt from the Rehabilitation of Offenders Act 1974; it may also be subject to a CRB Enhanced Disclosure and you will be asked to complete a form if necessary. Scripture Union is moving towards a position where we intend to ask applicants to apply for a CRB Enhanced Disclosure at least once every three years. Scripture Union's policy on 'Employing people with a criminal record' is available upon request.

**Do you have any current or spent criminal convictions, cautions, bindovers, reprimands or cases pending?**

Yes  No

If yes, please give details and continue on a separate piece of paper if necessary:-

- (i) I have read and agree to abide by the leaflet entitled **Ministry with Scripture Union.**
- (ii) I will seek to maintain the unity of the team with which I am working, being willing to put aside my denominational / church preferences and practices where necessary.
- (iii) I have completed all sections of the form accurately, to the best of my knowledge.

Signed..... Date.....

Thank you for taking the time to complete this update form. Please return to your event leader.

## Event Leader Sign Off

I have kept a copy of this form. Yes  No

Print Name..... Event Name..... Date.....

### Any queries please contact:

Field Administration, Scripture Union, FREEPOST WD2674, 207-209 Queensway, Bletchley, Milton Keynes MK2 2XZ  
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