**Coleraine Street Pastors**

**Prayer Pastor Application Form**

**Applicant** (All applicants must be 18 or older)

First Name:.............................................................................................................

Surname: ...............................................................................................................

(please circle) Male Female

*Contact Details*

Email address:.......................................................................................................

Mobile Phone number:.........................................................................................

We will contact you via email and text, if you wish to be contacted by another means please give details below:

Landline number:..................................................................................................

Postal Address if not contactable by email

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Church Attending:..................................................................................................

*A Leader in your church who has known you for at least 1 year:*

Name: ....................................................................................................................

Role: ......................................................................................................................

Contact number or email:......................................................................................

*I am applying for: (Tick as appropriate)*

**Prayer Pastor**

⃝ I am applying to become a Prayer Pastor.

I am available for cover on any of the following shift patterns:

(Tick as many as are appropriate)

⃝ Friday Shift 7pm- 10.30 pm approx.

⃝ Saturday Shift 11.15pm – 4am approx.

Any special general date requests – i.e. last Saturday of the month or alternate Saturday to my street pastor rota etc.

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All Prayer Pastors are required to attend 3 training sessions scheduled throughout the year. Training Days are generally scheduled on Saturdays, but alternative arrangements can be made if necessary. You do not have to complete the training before beginning on the rota.

These training sessions will be:

1. Prayer Pastors Training Session
2. Street Pastors Roles and Responsibilities training Session
3. Patrol Observation Night

Our Prayer Pastor training requires one night on the streets observing the Patrol. Are you able to attend this one-off observation session on a date that suits you with the Street Pastors Patrol?

⃝ Yes ⃝ No

***I agree that all information I am party to during my role as Prayer Pastor will be treated with confidentiality.***

Signed .............................................................................................

Date.................................................................................................

Please return this application form to Prayer Coordinator

Post to: Sarah Kildea, 6 Forrester Glen, Coleraine BT51 3TH  
You can also contact Sarah by email : [coleraine.prayer@streetpastors.org.uk](mailto:coleraine.prayer@streetpastors.org.uk) or by mobile: 07779661250.

**Coleraine Prayer Pastor**

**Confidential **

**Self Declaration Form**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
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| NAME: | | | | | POSITION APPLIED FOR: |
| Under the terms of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975, the persons you will be working with include children and vulnerable adults. This means that you are exempt from the Act and will be asked to declare any previous criminal convictions including ‘spent’ convictions. This information can then be used as a basis for deciding whether or not you are suitable to work with children and vulnerable adults. The disclosure of an offence will not necessarily be a bar to your appointment. However, failure to disclose an offence or other misrepresentations may result in the termination of your services. | | | | | |
| This form is strictly confidential and, except under compulsion of law, will be seen only by those  responsible for your appointment, the **Coleraine** Street Pastors Child Protection and Vulnerable Adults Officer and his/her deputy. All forms will be kept securely under the terms of the Data Protection Act 1998.  **Please refer to the Guidance Notes when completing this form.**  **If you answer YES to any question, please give details, using a separate sheet if necessary, giving the number of the question you are answering.** | | | | | |
| **Please tick either the YES or NO Box in answer to EVERY QUESTION** | | | | | |
| **1a** | Have you ever been convicted of a criminal offence (including any spent convictions under  the Rehabilitation of Offenders Act 1974)? | | | | |
|  | YES | ❑ | NO | ❑ | |
| **1b** | Have you ever been cautioned by the police, given a reprimand or warning or bound over to  keep the peace? | | | | |
|  | YES | ❑ | NO | ❑ | |
| **1c** | Are you at present under investigation? | | | | |
|  | YES | ❑ | NO | ❑ | |
| **1d** | Have you ever been found by a Court exercising Civil Jurisdiction (including matrimonial or  family jurisdiction) to have caused significant harm to a child or young person under the  age of 18 years, or has any such Court made an Order against you on the basis of any finding  or allegation that any child or young person was at risk of significant harm from you? | | | | |
|  | YES | ❑ | NO | ❑ | |
| **2a** | Has your conduct ever caused or been likely to cause significant harm to a child or young  person under the age of 18, or put a child or young person at risk of significant harm? | | | | |
|  | YES | ❑ | NO | ❑ | |
| **2b** | Has your conduct ever caused or been likely to cause significant harm to a vulnerable adult,  or put a vulnerable adult at risk of significant harm? | | | | |
|  | YES | ❑ | NO | ❑ | |
| **2c** | To your knowledge, has it ever been **alleged** that your conduct has resulted in any of the things mentioned at 2a and 2b above? | | | | |
|  | YES | ❑ | NO | ❑ | |
|  | *If yes, please give details, including the date(s) and nature of the conduct, or alleged conduct, and*  *whether you were dismissed, disciplined, moved to other work or resigned from any paid or voluntary work as a result.* | | | | |
| **3** | Has a child in your care or for whom you have or had parental responsibility ever been  removed from your care, been placed on the Child Protection Register or been the subject of a  Care Order, a Supervision Order, a Child Assessment Order or an Emergency Protection  Order under the Children Act 1989, or a similar Order under other legislation? | | | | |
|  | YES | ❑ | NO | ❑ | |
| **4** | What reasonable adjustments should we consider that would better enable you to work with children or vulnerable adults? | | | | |
|  | . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | |
| **5** | Have you ever been known by any name other than that given on this form? | | | | |
|  | YES | ❑ | NO | ❑ | |
| **6** | Have you, during the past five years, had any home address other than that given below? | | | | |
|  | YES | ❑ | NO | ❑ | |
| **DECLARATION** | | | | | |
| I declare that the above information (and that on the attached sheets \*\*\*) is accurate and complete to  the best of my knowledge. | | | | | |
| Signed . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Date . . . . . . . . . . . . . . . . . . . . . . . . .  Full Name . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Date of Birth . . . . . . . . . . . . . . . . . . .  Address . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Postcode . . . . . . . . . . . . . . . . . . . . . .  Tel. No. . . . . . . . . . . . . . . . . . . . . . . . . Email . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | | | | | |
| \*\*\* please delete if not applicable | | | | | |
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| **Please return the completed form to: [Prayer Coordinator - see bottom of application form for the address ]** | | | | | |
| **Before an appointment can be confirmed, applicants must ensure that they have applied for an Enhanced Disclosure Without Barred List Check from the Disclosure and Barring Service.** | | | | | |
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