**PLEASE CLEARLY PRINT ALL DETAILS IN BLACK INK AND BLOCK CAPITALS**

**Please state the area to which you would like to be a Street Pastor:**

**Torbay/ Newton Abbot**

**………………………………………………………………….**

**PERSONAL DETAILS**

**Surname: …………………………………………………….**

**First Names: ………………………………………………………………………………….**

 **(If appropriate please indicate which name you are known by)**

**Address: ……………………………………………………………………………………….**

 **……………………………………………POSTCODE: ………………………….**

**Email: ……………………………………………**

**Telephone: Home: ………………………………………… Mobile: ……………………………………….**

**Date of Birth: …………………………………………**

**(Optional, but we need to know if you are over 80 as this affects our insurance cover)**

**Nationality: ………………………………………… Work (optional): …………………………………..**

**CHURCH DETAILS (please indicate the church you have been an active member of for at least the last twelve months):**

**Name of Church: ……………………………………………………………………………………………….**

**Church Leader’s Name: ………………………………………………………………………………………**

**Address: ……………………………………………………………………………………….**

 **……………………………………………POSTCODE: ………………………….**

**Telephone: ……………………………………………**

**Email: ………………………………………………….**

**CHRISTIAN TESTIMONY**

**How long have you been a Christian? ……………………………………………………………………..**

**Give a brief account of your Spiritual Journey so far:**

|  |
| --- |
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|  |

**Are you involved in any form of Ministry in your church or in some other Christian organisation e.g. Children/Youth work, Teaching, Leading Worship, Administration, Community Work, Hospitality, etc. If Yes, please state clearly what this involves:**

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**Please state your reasons for wanting to be a Street Pastor:**

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|  |

**If asked to make a contribution towards the cost of your training, would you or your church be happy to assist, This is strictly a voluntary contribution and should in no way influence your decision Y / N**

**(We recommend that you talk to your church**

 **about help with this cost)**

**YOUR SKILLS**

**What are your hobbies/Interests?**

**…………………………………………………………………………………………………………………**

**…………………………………………………………………………………………………………………**

**Do you have an up-to-date First Aid Certificate? Y / N**

**(If yes, please state what sort of qualification)**

**…………………………………………………………………………………………………………………**

**Do you possess any skills not mentioned above, which you feel would be useful as a Street Pastor?**

**Please also state if you have previously volunteered as a Street Pastor and which area, this could help with your training and also acquiring a reference on your behalf**

**…………………………………………………………………………………………………………………**

**…………………………………………………………………………………………………………………**

**…………………………………………………………………………………………………………………**

**YOUR WELLBEING**

**Are there any reasonable adjustments that we as an Y / N**

**organisation may need to make in order for you to**

**function effectively as a Street Pastor? (please list)**

**…………………………………………………………………………………………………………………**

**…………………………………………………………………………………………………………………**

**EMERGENCY CONTACT INFORMATION**

**Please give the name, address and telephone number of two persons who we may contact in case of emergency.**

**First Emergency contact:**

|  |  |
| --- | --- |
| **Name:** |  |
| **Relationship** |  |
| **Address:** |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| **Home No.** |  |
| **Mobile No** |  |

**Second Emergency contact:**

|  |  |
| --- | --- |
| **Name:** |  |
| **Relationship** |  |
| **Address:** |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| **Home No.** |  |
| **Mobile No** |  |

**REFERENCES**

**Two references are required, one from your Church Leader and the other from a Christian person of your choice. Please state their name and address:**

|  |  |
| --- | --- |
| **Church Leader:** |  |
| **Address:** |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Home No.** |  |
| **Mobile No.** |  |
| **Email** |  |

|  |  |
| --- | --- |
| **Second Referee:** |  |
| **Address:** |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Home No.** |  |
| **Mobile No.** |  |
| **Email** |  |

**Self Declaration**

|  |
| --- |
| Under the terms of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975, 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 your application becoming void. |
| This form is strictly confidential and, except under compulsion of law, will be seen only by thoseresponsible for your appointment, All forms will be kept securely under the terms of the Data Protection Act 1998.**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.** |
|  |
| **1a** | Have you ever been convicted of a criminal offence (including any spent convictions underthe Rehabilitation of Offenders Act 1974)? |
|  | YES | ❑ | NO | ❑ |
| **1b** | Have you ever been cautioned by the police, given a reprimand or warning or bound over tokeep the peace? |
|  | YES | ❑ | NO | ❑ |
| **1c** | Are you at present under any criminal investigation?  |
|  | YES | ❑ | NO | ❑ |

Please telephone our coordinator Gil Hayllor if you have any questions about this request. Tel: 07933136418. Return this form directly to Torbay Street Pastors…

By post to

Torbay Street Pastors, Town Hall LGF42, Castle Circus, Torquay, TQ1 3BZ

or send via Email to:

torbay@streetpastors.org.uk