



TEAM APPLICATION FORM

Please tick:

JULY 20Eighteen ()

AUGUST 20Eighteen ()

Instructions for applicant:

1. Complete the application form in full.
2. Attach a recent photograph to the application form.
3. Send reference forms to the referees to be completed and returned directly to New Beginnings **by 15th Dec. 2017**
4. Submit your completed application form **no later than 13th Dec 2017** to:-

New Beginnings Charitable Foundation
6 Newcastle Street
Kilkeel
BT34 4AF

Please
attach a
recent
photograph

1. PERSONAL INFORMATION

Surname:	Title:
Names as on Passport:	Preferred Name:
Address:	
	Postcode:
Home Tel:	Mobile:
Email:	
Occupation:	Gender: Male / Female
Date of Birth (DD/MM/YYYY):	Place of Birth:
Marital Status:	Nationality (for visa purposes):
Passport Number:	Passport Issue Date (DD/MM/YYYY):
Passport Expiry Date (DD/MM/YYYY):	Place of Issue:
Church:	Denomination:

For those applicants who do not possess a passport, you must apply for it and send us the information as soon as you obtain it. A visa needs to be obtained if travelling on a British passport. If successful, all details given will be used for booking flights so therefore it is your responsibility to ensure it is correct.

2. YOUR BACKGROUND

Have you participated in a Mission Trip before: Yes / No

If yes, when? Where?

Name of group or church:

Are you involved with any ministries at your church? If so, please detail:

Do you serve in any volunteer / leadership roles in any ministry outside the church? If yes, please explain:

What are your personal gifts which you feel you would bring to the team?

What is your reason (s) for applying for a Twenty18 team?

What manual skills could you contribute toward this trip?
e.g. teaching, building, sewing, farming, etc.

Please outline relevant & specific skills e.g. group work skills, interpersonal skills, professional skills etc.

3. LEGAL

Have you ever been convicted of a criminal offence? Yes / No

If yes, please give details:

Are there any criminal charges pending against you? Yes / No

If yes, please give details:

Have you been disqualified in any way from working, or having contact with or near children? Yes / No

If yes, please give details:

New Beginnings Charitable Trust will require you to complete an Enhanced Disclosure Form with Access NI. The Enhanced Disclosure Certificate shows details of spent and unspent convictions and cautions. It also clearly indicates whether the applicant is on the ISAs Childrens list or Vulnerable Adults list and therefore is barred from working with those groups.

Would you be willing to complete this check? Yes / No

4. MEDICAL DETAILS

Doctor's Name:

Address:

Postcode:

Tel:

Please circle if you suffer or have suffered in the past from any of the following:

Diabetes Yes / No

High Blood Pressure: Yes / No

Food Allergies: Yes / No

Drug Allergies: Yes / No

Asthma: Yes / No

Skin Disorders: Yes / No

Epilepsy: Yes / No

Heart Problems: Yes / No

Depression / Nervous Disorders / Stress / Phobias:

Yes / No

Arthritis: Yes / No

Other: please detail

Have you ever received treatment for any of the above medical conditions?

Yes / No

Please give details:

Answering yes will not exclude you from consideration.

Have you ever suffered from any tropical diseases in the past?

Yes / No

If yes, please give details:

Are you currently on any medication?

Yes / No

If yes, please give details:

Medical Declaration

I will inform the Team Leader as soon as possible of any change in medical circumstances between the date signed and the commencement of the overseas trip.

In the event of illness or accident requiring emergency treatment, I authorise the Team Leader to sign on my behalf any written consent required by hospital authorities (in the case that I am unable to sign on my behalf, or in the absence of my parent / guardian)

Please note:

Selection of applicants will be made based on the needs of the children and skills needed at the village at the time of the selection process. There may also be an informal interview following this application.

ALL INFORMATION ON THIS APPLICATION FORM WILL BE HELD IN STRICTEST CONFIDENCE. ANY FALSE STATEMENTS OR FAILURE TO DISCLOSE INFORMATION MAY RESULT IN DISQUALIFICATION OF THE APPLICATION.

Applicant's Signature:

Date:

Print Name:

We do hope you will be joining us on our Twenty 18 Team.

IN CASE OF AN EMERGENCY PLEASE PROVIDE CONTACT DETAILS OF PERSON TO BE CONTACTED

Surname:

Title:

Names:

Address:

Postcode:

Relationship:

Home Tel:

Mobile:

Email: