

Full Name (Including Title)			
Street Address			
Postal Address (if different from Street Address)			
Date of Birth			
Other names by which you have been known by			
Description of your role within the Parish			
Does this person require a licence?	YES		NO
Has this licence been applied for?	YES		NO
Working with Children Check Number (WWCC)			Expiry Date:
Date that the Parish verified your WWCC:			
Date that the Parish recorded the WWCC in their Delegated Authority Register:			
Verification that Safe Ministry Training has been undertaken	Please provide details:		
Signed and Dated by the Incumbent			

National Register Check	Cleared		Not Cleared		Date:
If the National Register Check has not been cleared, the Professional Standards Director will be in contact with you.					