



**Please return this form to the Scripture Union (SU) Office or your local SU Regional Worker. Thank you.  
Postal: PO Box 728, West Ryde NSW 1685 • Phone: (02) 8876 1111 • Fax: (02) 8876 1122**

## Contact Details

Name (Dr/Miss/Mr/Mrs/Ms/Rev) \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Phone

H \_\_\_\_\_

W \_\_\_\_\_

M \_\_\_\_\_

Email \_\_\_\_\_

D.O.B \_\_\_\_\_

## Church

Name of church you regularly attend \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Phone \_\_\_\_\_

Minister's Name \_\_\_\_\_

## School

School Name \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Are you a teacher at this school? \_\_\_\_\_

## Personal

Please briefly describe your relationship with Jesus and the effect that he has had on your life.

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Please describe any experience and/or training you have received for working with youth.

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### To provide the highest level of child protection and safety please answer the following:

Are you aware of currently being investigated or have you ever been accused of any criminal offence? (This includes; police, court action, schools, sports groups, churches, place of work, etc.) Yes/No (Circle) If Yes, please give more information.

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Have you at any time been convicted of any offence or faced disciplinary action? (This includes; police, court action, schools, sports groups, churches, place of work, etc.) Yes/No (Circle) If Yes, please give more information.

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I hereby give Scripture Union permission to run the relevant checks. Yes/No (Circle)

**Your Statement**

In applying for this position, I affirm:

- my commitment to faithfully carry out the task,
- my willingness to work within the aims and working principles of Scripture Union,
- my agreement with the Scripture Union statement of belief and,
- my commitment to maintaining my relationship with God through regular Bible reading and prayer.

The information contained in this application is correct to the best of my knowledge. If any details on this form change, I will inform the SU staff worker in my region as soon as possible.

Signature    x \_\_\_\_\_ Date \_\_\_\_\_

Please include the name and signature of the key leader for your ISCF group:

Name \_\_\_\_\_

Signature    x \_\_\_\_\_ Date \_\_\_\_\_



SCRIPTURE UNION  
**SCHOOL MINISTRIES**