



APPLICATION FOR MEMBERSHIP

Thank you for your interest in joining Bradford Street Angels and serving those using our city centre.

Please complete this form either via email to admin@bradfordstreetangels.org.uk or by post to the address below. Please write in BLOCK CAPITALS and using dark ink.

ABOUT YOU

First Name(s): _____ Surname: _____
Address: _____ Phone: _____
_____ Mobile: _____
_____ Email: _____
Postcode: _____ Are you 18yrs+: _____

Date of birth: _____

What do you define your GENDER as?: _____

Do you attend a church or place of worship? (Please Circle): **YES/NO**

If yes, please indicate which one: _____

Could you offer a lift to another Street Angel in your area? (Please Circle) **YES/NO**

How did you hear of Bradford Street Angels? _____

On occasions you may be asked to take part in publicity photos for Bradford Street Angels, if, for any reason you do not wish to appear in these then please inform the senior manager on your patrol



From time to time we hold training sessions, either at our base or in conjunction with other agencies we work alongside, your presence at these sessions is very actively encouraged so you can gain a better understand of the vital role we play within the City.

YOUR HEALTH

Please give details of any information about your health that you feel may be relevant to your role within Bradford Street Angels (Please read the email that this Application Form was attached to, to understand what is/may be expected of you on a patrol):

OTHER INFORMATION

Please give details of any experience or skills which you feel could benefit Bradford Street Angels, such as previous work with the public or vulnerable people, knowledge of the city centre or first aid qualifications (Please be aware that for insurance purposes, we are not covered to give first aid to members of the public whilst wearing a Street Angels jacket):

If you need more space, please continue on the separate sheet provided at the end of this application form.

BACKGROUND CHECK

Do you have a CRC - Criminal Record Check? (Types include Disclosure Scotland, CRB, DBS, Police Check or similar if you are from another Country) **YES/NO**

If yes, what is the date on the certificate? _____

(PLEASE BRING THE ORIGINAL TO YOUR FIRST SHIFT FOR THE DUTY MANAGER TO CHECK)

Do you have any convictions that are not spent under the Rehabilitation of Offenders Act 1974?
(Please Circle) **YES/NO**

If yes, please give details (This may or may not affect your application to Street Angels):



REFEREES

Please give details of two referees. These need to be UK based contact details unless in exceptional circumstances. College Tutor/Employer/Other Professional is advisable. Do not put a family member/housemate or fellow Street Angel applicant down as a referee.

Name: _____	Name: _____
_____	_____
Address: _____	Address: _____
_____	_____
_____	_____
Post Code: _____	Bradford _____
_____	Post Code: _____
Phone Number: _____	Phone Number: _____
Email Address: _____	Email Address: _____
Relationship to you: _____	Relationship to you: _____

Once your references have been checked and approved, you will be informed via email with details of what to do next. The application process MAY take a couple of weeks to complete.

DECLARATION

- I authorise Bradford Street Angels to obtain references to support my application.
- To the best of my knowledge, the information given on this form is true and correct.
- I understand that any false statement may lead to my dismissal from Street Angels.
- I understand and accept that Bradford Street Angels will store my personal information in order to process my application and to manage the Street Angels project, in accordance with the Data Protection Act.

SIGNED:

DATE:

Please return this form to: Chris Swale, 46 Hazel Beck, Bingley BD16 1LZ

For admin use

CRB checked on _____ (date)

by _____ (DM)

Cert No _____

Referee 1 contacted _____

Referee 2 contacted _____

