

Current workers / volunteers with children / vulnerable adults

Name and address of Church:

Presbytery/ connexion/ Association

Full name of worker or volunteer	Role within the church e.g. Sunday school teacher/ visitor /elder	Contact details Address/ phone and email	DBS Held for this role? √ or X

Please continue on an additional sheet if necessary

Name role and contact details of person completing the form:
Please return this form to the secretaty of your presbytery / association or connexion by Aug 15th at the latest. Thank you