Town Pastors (Bury St Edmunds) Application Form

Interviews will be held on the following evenings: Thursday 8th May and Monday 12th May 2025. Please indicate your 1st and 2nd choice of interview dates, or that you are unable to attend either date:

choice 2 nd o	choice	. Please arrange	an alternative in	terview date
1. Personal Details				
Full Name:			Title:	Male/Female
Address:				
Геl (day):	(eve):		Mobile:	
Email:			Date of Birth:	
Occupation:		Church attended:		
Emergency contact name (must	be age 18 or over):			
Emergency contact number:				
Their relationship to you:				
3. Please give details of any r	elevant qualificatio	ons you have (e.g. Fi	rst Aid).	
4. Do you have any health/mo	edical problems tha	at it may be helpful	for us to know ah	out?
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5. Details of any criminal record	
Have you ever had a criminal conviction, caution, reprin	mand or final warning?
□ No	Yes (Please give dates and details on a separate sheet)
Do you have a police enquiry or prosecution pending?	
□ No	Yes (Please give dates and details on a separate sheet)
1NO	Tes (Flease give dates and details on a separate sheet)
(This role is exempt from the Rehabilitation of Offenders Act reprimands or final warnings, including those that have been	1974, and you are required to disclose all convictions, cautions, spent).
I agree to Town Pastors (Bury St Edmunds) doing a che	eck with the Disclosure and Barring Service:
☐ Yes ☐ No ☐ I have a Di	BS disclosure including regulated activity with children and
	ulnerable adults, and I have joined the DBS Update Service
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(A criminal record does not necessarily bar you from becoming	ng a Town Pastor and cases will be assessed on an individual basis.)
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6. References	
	lated to you. One should be your current church leader or
	hurch, please also provide an additional reference from your
previous church leader or minister). The other should be	e a personal referee who has known you for 2 years or longer.
Reference 1 – Church leader or minister	Reference 2 – Personal Referee
Title:	Title:
Name:	Name:
Address:	Address:
Tel (day):	Tel (day):
Tel (eve):	Tel (eve):
email:	email:
	r personal details in box 1 and then pass them ASAP to your
first and second referee.	
7. Declaration	
I declare that to the best of my knowledge, the informat	ion given in this form is true and accurate and I consent to this
information being retained by Town Pastors (Bury St Ed	dmunds) and being disclosed to the referees named in this
application.	_
Signed:	Date:
_	
8. Minister's/Church Leader's Signature	
I confirm that the applicant attends the church stated about	ove and I am aware that they are applying to be a Town Pastor
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Signed: Nar	ne: Date:

Please pass referee forms to your first and second referees and return your completed application form to: *Mrs Jo Copsey, Sundial House, Bargate Lane, West Row, Bury St Edmunds, IP28 8PS.* Or scan and return by email to: *info@burytownpastors.org.uk* If possible, please return your application form by **Tues 6**th **May 2025.** Applications received after this date will be considered if places are still available on the Town Pastor training course.