



Senior Hospital Chaplain:
Rabbi Z M Salasnik BA FJC

United Synagogue, Visitation Committee
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CONFIDENTIAL

CHAPLAINCY APPLICATION FORM

1. PERSONAL DETAILS:

Surname: (BLOCK LETTERS PLEASE)		Title:	
Forenames:			
Address:			
		Post code:	
Home Tel No:		Mobile No:	
Work telephone No:		May we contact you at work?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Email Address:			
Date of Birth:	/ /		

2. EDUCATION AND TRAINING

University	Qualifications
Professional qualifications	
Membership of professional body (with dates)	
Faith qualifications	

3. VOLUNTARY WORK and EMPLOYMENT:.

Please tell us about any current and previous voluntary or relevant paid work.

4. How often would you be able to visit patients on a regular basis?

- Weekly
- Twice a month
- Monthly

5. Which of the following type of hospital would you be prepared to visit?

- General
- Geriatric
- Psychiatric

5. How would you travel to the hospital?

- Own car
- Public Transport

6. PLEASE PROVIDE ANY FURTHER INFORMATION YOU CONSIDER RELEVANT.

A large, empty rectangular box with a thin black border, intended for the respondent to provide any further information they consider relevant. The box occupies most of the page below the question.

Rehabilitation Of Offenders

Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4(2) of the Rehabilitation Act, 1974, by virtue of the Rehabilitation of Offenders Act, 1974, (Exceptions) Order 1975. Applicants are therefore not entitled to withhold information about convictions which for other purposes are 'spent' under the provisions of the Act. Any information given will be treated confidentially and will be considered only in relation to an application for positions to which the Order applies. Disclosure of an offence will not necessarily be a bar to your ability to volunteer.

Name: (BLOCK LETTERS PLEASE)	
Application to become a Volunteer	

Have you at any time been convicted of any criminal offence?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If YES please give details, including nature and date(s) of offence(s) below:	

Have you ever had a child removed from your care or placed under supervision by a Local Authority or been disqualified from Registration under Schedule 9 of the Children's Act?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If YES please give details, including nature and date(s) of offence(s) below:	

Declaration
I certify that the information given on this form is true and complete, to the best of my knowledge.
Signature.....Date.....