



# Community of the Tree of Life

## Application Form

I am applying to join the formational year, from September 2019 – July 2020

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### Section 1

#### Personal Details

Before you start please tell us how you heard about us?

Title  Gender

First Name  Date of Birth

Other / Middle names  Current country of residence

Last Name

Preferred Name  State all your citizenships held

Have you ever been known by a different name?

Do you currently have permission to live and work in the UK, which does not expire before July 2020? (Y/N)

Yes  No

What is your highest level of education?

House Number

Street Name City or district

What is your current occupation?

County, region or state

Personal skills/interests

Postcode or Zipcode

Country

Landline telephone

Mobile Number

# Family Circumstances

Resident membership of the Community is only open to those who are single and are willing to remain so during their time in the Community House.

Please type (Y) which of these apply to you:

- |  |  |
|--|--|
| <input type="checkbox"/> Single and not in a romantic relationship       | <input type="checkbox"/> Civilly Partnered |
| <input type="checkbox"/> Single and in a committed romantic relationship | <input type="checkbox"/> Divorced          |
| <input type="checkbox"/> Engaged   | <input type="checkbox"/> Widowed           |
| <input type="checkbox"/> Married   | <input type="checkbox"/> Other             |
| <input type="checkbox"/> Married but separated                           |  |

If you are in a romantic relationship describe how it would be possible for you to join the Community and how it would impact on your relationship.

Do you have any children or other dependent persons in your care?

Describe how it would be possible for you to join the Community and the impact it would have on your children or dependent person:

## Section 2

### Medical

Do you have any allergies?

Yes  No

If yes please provide details Dietary restrictions

Please provide details, including whether this restriction is prescribed by a qualified health professional

Are you affected by any disabilities?

Yes  No

Please describe your situation and needs

Have you ever misused or over-used alcohol or any illegal, prescription or over-the-counter drugs?

Yes  No

Please give details, along with any specialist help you have received

Have you ever caused deliberate harm to yourself?

Yes  No

Please give details, along with any specialist help you have received.

Please provide details of any other medical conditions (physical, psychological or other) for which you are receiving treatment or regularly seeing a health practitioner, or have received treatment in the past.

Please give details

## Languages

Is English one of your first languages?

Yes  No

Please give your mother tongue(s)

## Church Involvement

Are you regularly involved in a church community?

Yes  No

Name of the church where you worship most regularly

Denomination or affiliation

How would you describe your church?

Baptised?

Year of baptism

Confirmed? (if applicable)

Year of confirmation

Describe your own personal experience of church

Describe how you have been actively involved in your church community

Describe any formal responsibilities you have carried in your church community

Are you in ordained, formal or recognised religious ministry, or considering it?

Is there anything else we should know about your church involvement?

# Safeguarding

Have you ever been convicted of or charged with a criminal offence? (include spent and unspent convictions)

Yes  No

If yes, please give full details

Have you ever received a caution, reprimand or warning from the police?

Yes  No

If yes, please give full details

Are you at present (or have you ever been) under investigation by the police or an employer or other organisation for which you worked for any offence / misconduct?

Yes  No

If yes, please give full details

Are you or have you ever been prohibited and / or barred from work with children and/or vulnerable adults?

Yes  No

If yes, please give full details

Has a family court ever made a finding of fact in relation to you, that you have caused significant harm to a child and / or vulnerable adult, or has any such court made an order against you on the basis of any finding or allegation that any child and / or vulnerable adult was at risk of significant harm from you?

Yes  No

If yes, please give full details

Has your conduct ever caused or been likely to cause significant harm to a child and / or vulnerable adult, and / or put a child or vulnerable adult at risk of significant harm?

Yes  No

If yes, please give full details

To your knowledge, has it ever been alleged that your conduct has resulted in any of those things?

Yes  No

If yes, please give full details

Have you ever had any allegation made against you, which has been reported/referred to, and investigated by the Police/Social Services/Social Work Department (Children or Adults Social Care)?

Yes  No

If yes, please give full details

Has a child in your care or for whom you have or had parental responsibility ever been removed from your care, been placed on the Child Protection Register or been the subject of child protection planning, a care order, a supervision order, a child assessment order or an emergency protection order under the Children Act 1989, or a similar order under any other legislation?

Yes  No

If yes, please give full details

Have you ever been subject to formal discipline in any church?

Yes  No

If yes, please give details, including circumstances of any restoration/reconciliation

Safeguarding questions are in accordance with the Church of England's Safer Recruitment Guidelines. If you are unsure of how to respond to any of the above please seek advice from an appropriate independent representative (e.g. a solicitor) because any failure to disclose relevant convictions, cautions etc. could result in the withdrawal of any offer of Residential Membership at any point in the application process including after enrolment. Although it is important to note that the existence of a conviction, caution etc. will not necessarily bar you from working with vulnerable groups unless it will place such groups at risk. Significant harm involves serious ill-treatment of any kind including neglect, physical, emotional or sexual abuse, or impairment of physical or mental health development. It will also include matters such as a sexual relationship with a young person or adult for whom an individual had pastoral responsibility or was in a position of respect, responsibility or authority, where he/she was trusted by others. It also includes domestic abuse.

## Section 3

### Additional Questions

What kind of experience of people from other Christian churches or traditions do you have?

What is the most challenging or most radical thing you have seen done in a church?

What experience do you have of people from other cultures?

What previous experience do you have that is relevant for joining a community of prayer and service?

State your three top reasons for joining the Community of the Tree of Life

Reason 1

Reason 2

Reason 3

What three things about being part of the Community do you think will be most difficult for you?

1

2

3

## Section 4

### Supporting Statement

Please write freely about yourself. The following are possible areas you can write about:

- 1) Who you are
- 2) Why are you applying to join the Community of the Tree of Life
- 3) What do you want to do after this year, if you are accepted
- 4) What will you do if you are not accepted

Personal Statement

Did someone help you to fill in this form? Who helped you, and in what way?

I want to be kept informed of news and events in the Community of the Tree of Life even if my application is not successful, and I consent to my contact details being stored and used for the purpose of direct communication (Y/N)

Community Members will be working with vulnerable members of the public during the Service aspect of the year and so the Community is required to run adequate Disclosure and Barring Service (formerly CRB) checks for all community members prior to the start of the programme. Please indicate your consent for this check to be run.

Please indicate if you are subscribed to the DBS Update Service following a satisfactory UK check in the past 6 months. (Y/N)

Submission Date