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**Community of the Tree of Life**

Application Form

September 2020 – June 2021

1. Introduction

Before you start, please tell us how you heard about us.

Click here to enter your answer

1. Personal details

Title Title

First Name First Name

Other/Middle Name(s) Other Names

Last Name Last Name

Preferred Name Preferred Name

Gender Gender

Date of Birth Date of Birth

Country of Origin Country of Origin

Do you currently have permission to live and work in the UK, which does not expire before July 2021?

Yes  No

1. Contact details

House Number/Name House No

Street Name Street

Address Line 2 Address Line 2

City City

County County

Postcode Postcode

Landline telephone Landline

Mobile telephone Mobile

Email Address Email

1. Education and Employment

What is your highest level of education?

Level of Education

What is your current occupation?

Occupation

1. Personal Circumstances

All communication within the Community is using the English Language.

Is English one of your first languages?

Yes  No

If ‘No’, what is your mother tongue?

Language

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.

Which of these apply to you?

Single and not in a romantic relationship

Single and in a committed romantic relationship

Engaged

Married

Married but separated

Civilly partnered

Divorced

Widowed

Other (please specify)

Other

1. Health

Are you affected by any disabilities?

Yes  No

Please briefly describe your situation and needs

Click here to enter your answer

Please provide details of any medical conditions (physical or mental) for which you are currently receiving treatment or support or have received treatment or support in the past.

Click here to enter your answer

1. Church Involvement

Ae you regularly involved in a church community?

Yes  No

Name of the church where you worship most regularly

Click here to enter your answer

Denomination or affiliation

Denomination

Briefly describe your own personal experience of church

Click here to enter your answer

1. Safeguarding

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 (DBS, formerly CRB) checks for all Community Members prior to the start of the programme. Please indicate your status regarding these checks.

Do you have a current DBS Certificate?

Yes …

Have you subscribed to use the DBS Update Service in the past 6 months?

Yes  No

No …

Are you willing to undertake a DBS check?

Yes  No

1. Declaration

I agree to my details being stored electronically for the purpose of this application.  
(All such records will be destroyed either upon the unsuccessful completion of this application,  
or within 2 years of having completed the programme.)

Name: Name