

# Town Pastor (Ipswich) Application Form

## 1. Personal Details

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_ Male/Female

Address: \_\_\_\_\_  
\_\_\_\_\_

Tel (day): \_\_\_\_\_ (eve): \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ Church attended: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_

Emergency contact number: \_\_\_\_\_

Their relationship to you: \_\_\_\_\_

## 2. Why do you want to be a Town Pastor?

Please give a short statement as to why you wish to be a Town Pastor. Just a BRIEF statement is required so please only use the space provided:

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## 3. Please give details of any relevant qualifications you have (e.g. First Aid).

## 4. Do you have any health/medical problems that it may be helpful for us to know about?

## 5. Details of any criminal record

Have you ever had a criminal conviction, caution, reprimand or final warning?

No

Yes

Do you have a police enquiry or prosecution pending?

No

Yes (Please give dates and details on reverse)

*(This role is exempt from the Rehabilitation of Offenders Act 1974, and you are required to disclose all convictions, cautions, reprimands or final warnings, including those that have been spent).*

I agree to Town Pastors (Ipswich) doing a check with the Criminal Records Bureau:

Yes

No

I already have been CRB checked  
*(please attach photocopy)*

*(A criminal record does not necessarily bar you from becoming a Town Pastor and cases will be assessed on an individual basis.)*

## 6. References

Please supply the details of two referees. One should be your current church leader or minister whilst the other can be a personal referee.

### Reference 1 – Church leader or minister

Title: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel (day): \_\_\_\_\_

Tel (eve): \_\_\_\_\_

email: \_\_\_\_\_

### Reference 2 – Personal Referee

Title: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel (day): \_\_\_\_\_

Tel (eve): \_\_\_\_\_

email: \_\_\_\_\_

On the attached Reference Forms, **please complete your 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 information given in this form is true and accurate and I consent to this information being retained by Town Pastors (Ipswich) 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 above and am aware that they are applying to be a Town Pastor

Signed: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

***Please pass a referee form to your first and second referees and return your completed application form to  
Liz Beaton, 15 Dereham Avenue, Ipswich, IP3 0QB***