



Exhibitor Team Application Form: 2012

Please attach photo here...
or email a jpeg to teams@soulsurvivor.com giving your full name and stating which team and event you are applying for.

Please write in BLOCK CAPITALS using BLUE or BLACK ink and either attach a passport sized photo or email a lo-res image to teams@soulsurvivor.com including your ORGANISATION, NAME and the WEEK you are attending.

ORGANISATION REPRESENTING:

event details

Which weeks will you be working at?

- Soul Survivor Week A** (Stafford): 27-31 July 2012
- Soul Survivor Week B** (Shepton Mallet): 7-11 August 2012
- Soul Survivor Week C** (Shepton Mallet): 12-16 August 2012
- Momentum** (Shepton Mallet): 17- 21 August 2012

NB: Young people under 16yrs are not eligible to work on a stand.

personal details

Are you replacing a previous applicant?*

NO YES

Name of person you are replacing*

Please note that there is a £15 admin fee for substitutions made after 30/04/12

Title	Surname
First Name	D.O.B.
Address	
Postcode	
Mobile	Telephone
Email*	

* All correspondence will be sent by Email so please make sure this is correct!

accommodation

Will you be staying off site? Yes No

If no, please indicate the accommodation you will bringing:

Caravan Awning Small Tent Large Tent Motor Home

If you are using accommodation which someone else is providing (ie. your organisation are supplying a caravan) please give details here:

If you would like to camp with a specific church group or friend please indicate here:
(If you do not wish to specify you will automatically be placed to camp with other exhibitors)

referee details

Please give us your church leader's details so we can contact them for a reference.
If your minister is a relative please give the details of someone else on the Church Leadership Team.
If you are not part of a church please give details for your line manager in your organisation.

Please note this information is ESSENTIAL to your application. We will not be able to process your application without obtaining a reference

Church Name
Contact Name
Position Held within the Church
Address
Postcode
Email
Telephone
Mobile



CHILD PROTECTION INFORMATION

Our Values

Worshipping God in the way we live our lives, in thankfulness to him and through songs of worship.
Relationships with others. To act with integrity and aim to build others up
Teaching - Bible based life styles.
Prayer ministry.
Teachable attitudes.
Culturally relevant evangelism.
Unity in the heart of all those involved.

Ministry Times

People in the safety of ministry times will share some of their deepest hurts including abuse. Any allegation of abuse must be taken seriously and Soul Survivor has a duty to report it to the relevant agencies.

Guidelines

If a person tells a team member about abuse:
Listen carefully, but don't ask questions.
Never promise to keep it a secret
Reassure the young person that they have done the right thing
Pass on the information to your team leader
Write up what you have been told afterwards using the person's own words and give to a member of the welfare team.
All that is shared is Strictly Confidential

Abuse Covers:

Physical Injury

Any injury to a child or young person caused by a family member or other person with responsibility for their care.

Neglect

A failure to meet a child's or young persons needs for food, warmth, protection and care.

Emotional Abuse

The persistent, severe emotional ill treatment or rejection that severely effects the emotional and behavioural development of the child or young person.

Sexual Abuse

Involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities or encouraging them to behave in sexually inappropriate ways. A child or young person involved in sexually abusing another child or young person should be treated as a victim of abuse.

The Alleged Abuse

- + Can be current or happened in the past but not during the event.
- + Has happened during the event.

Procedure

The team member must obtain the name of the person who has disclosed the abuse, and report the situation immediately to their Team Leader, giving minimal details. Do not leave the person on their own.
The Team Leader with the team member will immediately report directly to the Welfare Officer who will then be responsible for the matter.
The Welfare Officer will involve the Ministry Co-ordinators for their support of the team member and the people involved as required.
PLEASE NOTE that once someone is 18yrs we do not have a right to report disclosures, it becomes their decision, unless someone under 18 is at risk.

CHILD PROTECTION DECLARATION

I declare that I have read and understood the above Child Protection information and I agree to abide by the procedures and guidelines laid down.

Signature:

Date:

Full Name:

(BLOCK CAPITALS)

SELF DISCLOSURE (REHABILITATION OF OFFENDERS ACT 1974)



The nature of this event means that you must tell us about any convictions (pending, spent or unspent) and any cautions you have received.

Have you ever been convicted of an offence in any criminal proceeding, in any court, in any country? (For motoring offences please only answer YES if it resulted in disqualification).

YES NO If yes, please give details*: _____

Has your conduct ever caused mental or physical harm to a child / young person or put a child at risk?

YES NO If yes, please give details*: _____

To your knowledge, has it ever been alleged that your conduct has resulted in mental or physical harm to a child/young person or put a child at risk?

YES NO If yes, please give details*: _____

Do you have any ongoing health conditions? Please include details of any disability or depressive illness.

YES NO If yes, please give details*: _____
If you answered YES above, does this affect you working with children and young people? _____

YES NO If yes, please give details*: _____
***Continue on a separate sheet if there is not enough space to give full details.** _____

FAILURE TO DISCLOSE INFORMATION, WHICH SUBSEQUENTLY COMES TO LIGHT, COULD RESULT IN IMMEDIATELY BEING ASKED TO LEAVE SITE

self declaration

I certify that the information contained in this application is accurate and complete to the best of my knowledge. I have also read, understood and agree to abide by the ToolShed Terms & Conditions laid down by Soul Survivor.

Signature

Name

Date

**PLEASE RETURN THIS COMPLETED BOOKING FORM TO:
TEAMS, SOUL SURVIVOR, UNIT 2 PARAMOUNT INDUSTRIAL ESTATE, SANDOWN ROAD,
WATFORD, WD24 7XF OR FAX TO 0303 333 1333.**

Please return this form by **30 APRIL 2012**.
Please note any Exhibitor applications received
after this **deadline will have to pay the full fee for the event.**
Substitutions or changes made after **30th April** will incur a £15 penalty fee.



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PLEASE KEEP THIS COPY FOR YOUR RECORDS

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