## Spitalfields Crypt Trust **Assistant Application Form**

Surname		Forenames			
Age	Gender/Sex	Date of Birth			
Home Address					
Telephone Number					
·					
Home Church Name					
Denomination					
Education					
Education, Qualifications and	I /or Training.				
Employment, Respons Include details of previous er	sibilities and Activities inployment or voluntary work.				

Medical			
Details of any disabilities illness or operations	s that we may need	I to be aware of.	
	-		
Criminal Record			
Yes I do have a crimi	nal record	No I don't have a	criminal record
[]			[ ]
Please provide details.			
D			A1 7 1
Do you need a visa to work in this Co	untry Ye	s[]	No[ ]
If Voc do you have a valid Vice	Vec [ ]		Nat 1
If Yes do you have a valid Visa	Yes[]		No[ ]
Christian Background			
Christian Background Outline your Christian experiences and/or bar	ckaround		
Outline your Official experiences and/or bar	skground.		
Difficulties			
	d about warking	in Landon with SCT2	
What do you think you might find hard	about working	III LONGON WILL SCT?	
Personal Summary			
Please write a page about yourself an	nd vour reasons	for wanting to work as	s a volunteer
Please include anything about hobbie			o a voluntoor.
r reads merads any aming about nobbie	o or orano triat y	ou may navo.	

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Is there any	thing else that you would like to	tell us about yourself?	
	Signed	Data	
	Signed	Dale	