Walsingham House at Abbotswick

2026/27 Volunteer Team Application Form

Thank you for considering volunteering at Walsingham House at Abbotswick.   
We appreciate your time filling out the information below.   
Please do not hesitate to contact us if you have any questions regarding the process.

Please complete all sections in full. In accordance with GDPR, no personal information is shared, and all information is held securely. Application forms are retained during the application process, and then destroyed.

Please return this form to: Michael Kearns, Walsingham House at Abbotswick, Navestockside, Brentwood, Essex, CM14 5SH or via email to [michaelkearns@brcdt.org](mailto:michaelkearns@brcdt.org)

*Closing date for applications is Friday 16th January 2026.*

*Applications after this time will only be accepted if there are still spaces available on the volunteer team, so we encourage early applications to ensure we can form a team.*

**PERSONAL DETAILS**

|  |  |
| --- | --- |
| Full Name |  |
| Address (including postcode) |  |
| Date of Birth |  |
| Parish you attend |  |
| Mobile Number |  |
| Home Number |  |
| E-mail Address |  |

**EDUCATION**

|  |  |  |
| --- | --- | --- |
| SCHOOL/COLLEGE | DATES ATTENDED | QUALIFICATIONS OBTAINED |
|  |  |  |
| FUTHER EDUCATION | DATES ATTENDED | QUALIFICATIONS OBTAINED |
|  |  |  |

**EMPLOYMENT/VOLUNTEERING HISTORY *(If applicable)***

|  |  |  |  |
| --- | --- | --- | --- |
| PLACE OF WORK | DATES | ROLE | RESPONSIBILITIES AND SKILLS ACQUIRED |
|  |  |  |  |
|  |  |  |  |

**MEDICAL INFORMATION***Please note all information provided is strictly confidential. Please continue on an additional sheet if necessary.*

|  |
| --- |
| Do you have any condition for which you are taking prescribed medication? (please give details) |
| Do you have any allergies or intolerances? |
| Is there any other relevant information that it would be useful for us to know? *(For instance physical limitations, recurring illness, mental health or emotional wellbeing concerns – this just helps us to ensure we are offering the right support throughout the year)* |

**PERSONAL STATEMENT**   
On a separate sheet of paper, please complete a personal statement of no more than 1,000 words about yourself. It can be typed or handwritten. It should specifically include the following points, along with anything else you wish to tell us:

* Why you are applying to work at Walsingham House at Abbotswick?
* What role does your faith play in your life?
* What good qualities can you bring to community living?
* What are your hobbies and interests?
* Have you had any experience of leadership?
* What would you hope to achieve during your time at the House?

**FURTHER INFORMATION**   
(Delete as applicable)

|  |  |
| --- | --- |
| Have you ever been convicted of a criminal offence? | YES/NO |
| In previous employment, have you ever been the subject of disciplinary action? | YES/NO |
| Have you ever been refused permission to work with children or vulnerable adults? | YES/NO |

If you have answered YES to any of the above questions, please include additional details on a separate sheet of paper.   
Please note all volunteers at Walsingham House at Abbotswick are subject to an enhanced DBS check in the interests of safeguarding young people.

**REFEREES**

Please provide the details of two referees to support your application. One of these should be a Priest or Religious person who knows you particularly well. You should seek permission from your referee before submitting their name on the application. Referees cannot be family members. Please note we will be contacting your referees for a detailed character reference.

|  |  |
| --- | --- |
| Name |  |
| Relationship to you |  |
| Address |  |
| Phone number |  |
| E-mail address |  |

|  |  |
| --- | --- |
| Name |  |
| Relationship to you |  |
| Address |  |
| Phone number |  |
| E-mail address |  |

**Declaration:**

I confirm that I am a Baptised, Confirmed and Practicing Catholic, in good standing with the Church. YES/NO

*If you are not Baptised and/or Confirmed, please make reference to the reasons for this within your personal statement.*

I confirm to the best of my knowledge that all information I have provided on this form and in my personal statement is accurate.

Signed

Print name Date

**Additional Information:**

If your application is successful, Michael Kearns will contact you as soon as possible regarding interview processes.