**Part Time Paid Youth Opportunities Application Form**

**PLEASE READ THE YOUTH OPPORTUNITIES GUIDELINES BEFORE COMPLETING YOUR APPLICATION**

Please also write clearly, and feel free to attach additional sheets where necessary in support of your application.

|  |  |
| --- | --- |
| **Applicant church:** | **Location:** |

**What is the main focus for this youth opportunity?**

|  |  |
| --- | --- |
| Mission, evangelism or outreach |  |
| A community initiative to meet local need |  |
| Justice, peace and the integrity of creation |  |
| Mission through social media/IT |  |
| Other types of mission – please specify |  |

**Is this application for one young person for 15 hours per week or for one or two young people engaged for 5 hours per week each?**

**Section 1: Placement purpose and benefits.**

1.1 Please outline the main **purpose** of this activity, together with the benefits **to your congregation/ local community.**

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| --- |
|  |

1.2 Please detail the benefits **to the young person(s)** undertaking this activity and give your **estimate of the hours and work pattern expected** of the young person(s).

1.3 Please identify how your congregation will provide the necessary local management, supervision and wellbeing support to the young person(s) undertaking this activity.

1.4 Legacy. What do you hope will be the lasting benefits from this activity?

1.5 Where will the young person(s) be located? Is this an existing work place?

1.6 Please give details of any local partners.

**Section 2: Financial Details**

2.1 Please estimate the expenses associated with this activity, (excluding those costs covered by Synod, see Guidelines.)

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| --- | --- |
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|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| TOTAL |  |

2.2 How does the local church intend to cover the expenses detailed in 2.1 above.

|  |
| --- |
| Money in hand |
| To be raised by local church(es) |

2.4 How is this money to be raised?

|  |  |
| --- | --- |
|  |  |
|  |  |
| Grants: |  |
|  |  |
|  |  |
| TOTAL |  |

2.3 Church’s current financial position.

|  |  |
| --- | --- |
| Total financial resources available to the church |  |
| Amount set aside as reserves (in accordance with your reserves policy) |  |

**Section 3: Contact Details**

3.1 Contact Name

3.2 Contact Address

3.3 Contact Telephone

3.4 Contact Email

**Section 4: Further Details**

4.1 When did your church last review its safeguarding policy?

**Section 5: Resolution**

We confirm that the above particulars are correct to the best of our knowledge, and that at a meeting of …………………………………………………………………….. held on ………………………………………………………… it was agreed to apply for a youth placement to take effect from the summer of 2018.

Signed (Chair) …………………………………………………………………………………………………………

Signed (Secretary) .…………………………………………………………………………………………………

Date …..…………………………………………………………………………………………………………………..

**Checklist**

Remember to send us the following information with your application:

* Your church’s most recent signed annual accounts (if not already sent)
* A copy of your church’s up to date reserves policy
* Any other relevant documents which might support your application

Please return this application form to:

Mrs Wendy Watson.

The United Reformed Church Northern Synod

4 College Lane

NEWCASTLE UPON TYNE

NE1 8JJ

FOR OFFICE USE:

Application Form completed

Accounts filed

Reserves Policy filed

Safeguarding Policy up to date

Synod Assessment up to date

M&M Assessment up to date

Check costs equal money to be raised

Note: Query any items not ticked