PLEASE COMPLETE IN BLOCK CAPITALS

DECLARATION OF CRIMINAL CONVICTIONS (Private and Confidential)	
Surname:	First Name:
Title (Mr/Mrs/Ms/Dr) etc.	Date of Birth:
Have you been known by any other name?	Previous Name:
Address: Post Code	
Telephone No: Day	Evening:
If resident at the above address for less than 2 years please give previous address Address Post Code	
Please state your Church Office or Job Title:	
Have you been convicted of any offence? You must include offences which are "Spent" under the provisions of The Rehabilitation of Offenders Act 1974 YES/NO If 'YES', please give details, continuing on a separate piece of paper if necessary	
Signed:	Date: