Job Application Holy Trinity, Attleborough

Family & Children Missioner – 16 hrs per week

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| --- | --- |
| Surname:Forename(s):Any previous names: | Date of Birth: |
| Address: | Phone Number: |
| E-mail: |  |
| UK Border Agency requirements Are you free to remain and work in the UK with no current immigration restrictions? Yes/No  |

### Educational Qualifications

|  |  |  |
| --- | --- | --- |
| College or school | Qualification & Grade/ Level | Date |
|  |  |  |

Employment

|  |  |  |  |
| --- | --- | --- | --- |
| Employer | Job title & description | Dates | Reason for leaving |
|  |  |  |  |

### Training – please list courses which are relevant to this position

|  |  |
| --- | --- |
| Course | Dates |
|  |  |

Personal information

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| --- |
| Please give a brief account of your conversion and subsequent Christian experience |
| How would you describe to a 10 year old what a Christian is? |
| Please describe briefly any work you have done with children, young people or families, including Christian holidays or similar. |
| Which church do you currently attend?Please state briefly any responsibilities you hold or have held in your church or in other Christian groups (with dates). |
| What aspects of the role particularly appeal to you and why? |
| What are your gifts? |
| What would you love to see God do in the next 3 years at Holy Trinity in the area of family and children work? |

Hobbies and Interests

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### References

*Please provide two referees who are not relatives or your current employer (ideally a church leader would be one) whom we may approach with regard to your application.*

|  |  |
| --- | --- |
| *Name:* *Address:* *Email address:* *Telephone No:* *Occupation:*  | *Name:* *Address:* *Email address:* *Telephone No:* *Occupation:*  |

Present Employer Reference

|  |
| --- |
| *Name:* *Address:* *Email address:* *Telephone No:* Occupation: |
| **May we approach for a reference now? YES ☐ NO ☐** |

Have you ever been convicted or cautioned with respect to a criminal offence? Yes/No

If your answer above is "Yes" please give full details:

Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. This means that you are not entitled to withhold information about convictions which for other purposes are 'spent' under provisions of the Act. In the event of employment, failure to disclose such convictions could lead to disciplinary action being taken. Any information will be treated in the strictest confidence and used solely in relation to this application.

This position involves substantial access to children and young people and the post will be subject to an enhanced disclosure from the DBS.

Health

Please estimate the number of days that you have needed to take off work for reasons of sickness absence in the last twelve months:

Please also state if there are any reasonable adjustments that may need to be made for you to be able to undertake the job for which you are applying.

### Declaration

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| --- |
| *I can confirm that to the best of my knowledge the above information is correct. I accept that providing deliberately false information could result in my dismissal.* Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Please return this form to:

Alison Evans, htavicar1@gmail.com

**Data protection**

Information from this application may be processed for purposes registered by the

Employer under the Data Protection Act 1998. Individuals have, on written request, the

right of access to personal data held about them.

I hereby give my consent to the Employer processing the data supplied in this

application form for the purpose of recruitment and selection.

Declaration

I declare that the information given in this application is to the best of my knowledge

complete and correct. I authorise the organisation to check on any of my qualifications.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PRINT NAME

Note: Any false, incomplete or misleading statements may lead to dismissal