



St. John's Church Broadstone Job Application Form

Please complete this form fully using black ink or type. C.V.'s are only accepted when submitted with the completed application. Applications received after the closing date will not normally be considered

THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE.

Section 1 Personal details

Last Name:	<input type="text"/>	First Name:	<input type="text"/>										
Address:	<input type="text"/> <input type="text"/> <input type="text"/>												
Postcode:	<input type="text"/>												
Home Telephone N ^o :	<input type="text"/>	National Insurance N ^o :	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
Daytime Telephone N ^o :	<input type="text"/>												
Mobile Telephone N ^o :	<input type="text"/>												
E-mail address:	<input type="text"/>												
Can we contact you at work?	Yes	No											
Are you free to remain and take up employment in the UK with no current immigration restrictions?	Yes	No											
<u>Driving Licence</u>													
Do you hold a full, clean driving licence valid in the UK?	Yes	No											

If you are successful you will be required to provide relevant evidence of the above details prior to your appointment.

Section 2 Present Employment

Present or Last Employment (If unemployed give details of last employer)

Name of Employer:

Address:

Postcode:

Post Title:

Date of Appointment:

Salary:

Department / Section:

Brief description of duties:

Continue on a separate sheet if necessary

Period of Notice:

Last day of service

(if no longer employed):

Reason for leaving
(if no longer employed):

Section 3 Previous Employment

Previous Employment (most recent employer first). Please cover the last 10 years and state nature of business - if not public sector

Name of Employer:

Address:

Postcode

Position Held:

from

to

Summary of duties:

Reason for leaving:

Name of Employer:

Address:

Postcode

Position Held:

from

to

Summary of duties:

Reason for leaving:

Name of Employer:

Address:

Postcode

Position Held:

from

to

Summary of duties:

Reason for leaving:

Continue on a separate sheet if necessary

Section 4 Education

Qualifications obtained from Schools, Colleges and Universities. Please list highest qualification first:

College or University	Course	Qualifications and grades obtained
School	Subjects	Qualifications and grades obtained

Continue on a separate sheet if necessary

Professional, or Technical Qualifications

Please give details:

Professional/Technical/Qualifications	Course Details

Membership of any Professional / Technical Associations- Please state level of Membership:

--

Continue on a separate sheet if necessary

Section 5 Training and Development

Please give details of any training and development courses or non-qualifications courses which support your application. Include any on the job training as well as formal courses.

Title of Training Programme or Course	Duration of Course

Continue on a separate sheet if necessary

Section 6 Personal Statement

Abilities, skills, knowledge and experience.

Please use this section to explain in detail how you meet the requirements of the Role and Job Specifications. If you are or have been involved in voluntary/unpaid activities, please also include this information. Attach and label any additional sheets used.

Continue on a separate sheet if necessary

Section 7 Rehabilitation of Offenders Act (1974)

Do you have any convictions that are unspent under the rehabilitation of offenders' act 1974? Yes No

If yes, please give details / dates of offence(s) and sentence:

Section 8 Protecting Children and Vulnerable Adults

The following information may be required if the post you are applying for has a requirement for a Disclosure and Barring Service Check.

Enhanced Checks Only

Are you aware of any police enquires undertaken following allegations made against you, which may have a bearing on your suitability for this post? Yes No

Section 9 Disability Discrimination Act

This Act protects people with disabilities from unlawful discrimination. We actively encourage applications from people with disabilities. The Disability Discrimination Act defines a disabled person as someone who has a physical or mental impairment which has a substantial and adverse long term effect on his or her ability to carry out normal day to day activities.

Do you have a disability which is relevant to your application? Yes No

If yes, please give details:

We will try to provide access, equipment or other practical support to ensure that people with disabilities can compete on equal terms with non-disabled people.

Do we need to make any specific arrangements in order for you to attend the interview? Yes No

If yes, please give details:

Section 10 References

Please give the names and addresses of your most recent employer (if applicable) and someone able to comment on your music skill. If you are unable to do this, please clearly outline who your references are.

Reference 1		Reference 2	
Name:	<input type="text"/>	Name:	<input type="text"/>
Position (job title):	<input type="text"/>	Position (job title):	<input type="text"/>
Work Relationship:	<input type="text"/>	Relationship:	<input type="text"/>
Organisation:	<input type="text"/>	Organisation:	<input type="text"/>
Address:	<input type="text"/>	Address:	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
	Postcode <input type="text"/>		Postcode <input type="text"/>
Telephone N°:	<input type="text"/>	Telephone N°:	<input type="text"/>
E-mail:	<input type="text"/>	E-mail:	<input type="text"/>

Are you willing for this referee to be approached prior to the interview? **Yes** **No**

Are you willing for this referee to be approached prior to the interview? **Yes** **No**

Statement to be Signed by the Applicant

Please complete the following declaration and sign it in the appropriate place below. If this declaration is not completed and signed, your application will not be considered.

I hereby certify that:

- all the information given by me on this form is correct to the best of my knowledge
- all questions relating to me have been accurately and fully answered
- I possess all the qualifications which I claim to hold
- I have read and, if appointed, am prepared to accept the conditions set out in the conditions of employment and the job description.

Signed:

Date:

St. John's Church undertakes that it will treat any personal information (that is data from which you can be identified, such as your name, address, e-mail address etc) that you provide to us, or that we obtain from you, in accordance with the requirements of the current Data Protection Regulations.

RETURNING THIS FORM



By Hand or Post:

**Gill Jones
Organist Application
c/o St. John's Parish Office
Dunyeats Road
Broadstone
Dorset
BH18 8AQ**

By email:

jones.g.church@gmail.com