ST JOHN’S HAMPTON WICK   
Application form for employment

Please complete this form in full supplemented by additional sheets if necessary. **CVs WILL NOT BE ACCEPTED.**

All personal data supplied to us on this form, which is subsequently processed on computer or by other means, is subject to the provisions of the Data Protection Act 2018.

|  |  |
| --- | --- |
| Position applied for: |  |
| Where did you see this job advertised? |  |

# Personal details

|  |  |  |
| --- | --- | --- |
| Surname: | Title: (Mr/Mrs/Miss/Ms/Dr/Prof) | First names: (for official purposes) |
|  |  |  |
| Current Address: | | Previous Surname: |
| County Post Code: | |  |
| Preferred Name: (name you wish to be known as) |
|  |
| Date moved into this address: DD/MM/YY | | Home telephone number: |
|  |
| E-mail address: | | Mobile telephone number: |
|  | |  |
| Do you require permission to work in the UK? \* YES / NO \* Delete as appropriate  If yes, please give details: | | |

# Current Employment (if applicable)

|  |  |  |  |
| --- | --- | --- | --- |
| Name of current/last employer: | | | |
| Start Date: End Date: | | | |
| Title/description of your current job and key responsibilities: | | | |
|  | | | |
| Current / Final Salary: |  | | |
| What period of notice are you required to give to your present employer? | | |  |
| Reason for wishing to leave: | |  | |

# Previous Employment

# Please list your full employment history and explain any breaks in employment and how this time was spent. (Add rows or continue on a separate sheet if necessary)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Start Date | End Date | Job Title and Key responsibilities | Name of Employer | Reason for Leaving |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

# Education and Qualifications (Add rows or continue on a separate sheet if necessary)

|  |  |  |  |
| --- | --- | --- | --- |
| School (11+) | Study Dates | Qualification and Grade | Date Obtained |
|  |  |  |  |
| College/University | Study Dates | Qualification and Grade | Date Obtained |
|  |  |  |  |
| Ongoing Professional Development | Study Dates | Qualification and Grade | Date Obtained |
|  |  |  |  |

# Training

|  |  |  |
| --- | --- | --- |
| Date | Topic Covered | Training Provider |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

# Professional Membership/Registration

|  |  |  |  |
| --- | --- | --- | --- |
| Issuing Body | Registration Number | Date Gained | Expiry Date |
|  |  |  |  |

# Suitability

|  |
| --- |
| Please assess yourself against the Job Description, giving examples of how you meet the defined criteria. Ensure you are concise and to the point. You may continue on to one additional sheet if necessary. |
|  |

# Referees

Please give the names and addresses of 2 referees that cover the last 3 years of your employment, one of these must be your current or most recent employer. The third reference can be a character reference from someone who has known you for over 3 years. If your employment references are not your Church Leader or other person of authority in your church, your third reference needs to be from your current church. **NB: WE CANNOT ACCEPT REFERENCES FROM FAMILY MEMBERS.**

Can we contact these references prior to interview: \* YES / NO \*Delete as appropriate

|  |  |  |
| --- | --- | --- |
| Name and Address | Telephone Number | Email Address |
| 1.  This is my current Line Manager \*Yes / No |  |  |
| 2.  This is my previous Line Manager \*Yes / No |  |  |
| 3.  This is a \*Personal Friend / Colleague  \*Yes / No |  |  |

**\*Delete as appropriate**

# Additional Information

|  |
| --- |
| Please give below any further information that is relevant to your application, eg: periods of time when you would be unavailable for interview; any special requirements should you be invited for interview. |
|  |

**DECLARATIONS**

# Rehabilitation of Offenders Act 1974

If the nature of the work for which you are applying involves working with vulnerable adults or children, the post is exempt from the provisions of Section 4 (2) of the above Act and all applicants who are offered employment will be subject to a criminal record check from the Disclosure and Barring Service before the appointment is confirmed. Applicants are NOT entitled to withhold information about convictions which are considered SPENT under the provision of the Act.

Having a criminal record will not necessarily prevent you from working with us; this will depend on the nature of the position and circumstances and background of your offence.

Have you at any time been convicted of an offence, spent or unspent? \*YES / NO \*Delete as appropriate

Have you ever received any cautions, reprimands, final warnings or convictions? \*YES / NO \*Delete as appropriate

Professional Conduct

Have you been subject to any investigation into your professional conduct by any licensing, regulatory or professional body in the UK or any other country where the outcome was adverse? \*YES / NO \*Delete as appropriate

Are you currently the subject of any investigation by any professional organisation in the UK or any other country, which might lead to your removal from any of their lists? \*YES / NO \*Delete as appropriate

At the same time I agree to inform St John’s Hampton Wick immediately if any such investigation should be initiated. This includes issues, which may lead to such an investigation and/or have any bearing on my suitability to this post.

If you have answered YES to any of the above questions please give details on a separate sheet. Any information supplied will remain confidential and will be considered only in relation to your application for this post.

Please read and sign:

I confirm that the information given on this form is, to the best of my knowledge and belief, true and complete. I understand that St John’s Hampton Wick is not legally allowed to employ persons who are deemed “not fit” to work with vulnerable adults or children and that if any of the information I have given is found to be false or misleading, they can withdraw their offer of employment to me, or cancel their agreement with me. I understand that if this is discovered at a later date, I may be dismissed.

I also give my consent to the processing of my personal data by computer or other means in relation to my job application and possible future employment.

**Signed……………………………………………………… Date ……..**

**PLEASE RETURN THIS FORM to [penny@stjohnshamptonwick.org](mailto:penny@stjohnshamptonwick.org) or by post:**

**St John’s Hampton Wick, Church Grove, Hampton Wick, KT1 4AL.**