

Church Address

Church Street

Church Town

**JOB TITLE**

**Application Form**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | Title |  |
| Forename(s) |  |
| Address |  |
| Post Code |  |
| Telephone No |  |
| Mobile No |  |
| Email address |  |

|  |  |
| --- | --- |
| Do you currently have the right to work in the UK?If YES, you will be required to produce documentary evidence, as required by law, if you are invited for interview. | YES / NO |

|  |  |
| --- | --- |
| Disability Access: Do you require special access for the purposes of an interview? If yes, please describe any special conditions or adjustments required … | YES / NO |

|  |  |
| --- | --- |
| Have you ever been convicted of a criminal offence, other than a spent conviction under the Rehabilitation of Offenders Act 1974?If yes, please supply further details on a separate sheet. | YES / NO |
| 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? | YES / NO |

**Note: This post is subject to a satisfactory Enhanced DBS check.**

**DECLARATION**

*Please read this carefully before signing this application.*

I confirm that I have completed all sections of this application form accurately and honestly to the best of my knowledge and belief and that any untrue or misleading information will give the Parish of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the right to terminate any employment contract offered.

I agree that the Parish of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ reserves the right to ask relevant questions about an individual’s health after an offer has been made, and only where appropriate will request a health assessment.

I agree that should I be successful in this application, the Parish of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will apply to the Disclosure and Barring Service for the appropriate level of disclosure. I understand that should the disclosure not be satisfactory, any offer of employment may be withdrawn or employment terminated.

I consent to the Parish of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ holding my details on file. These will be only stored/processed in accordance with the Data Protection Act and will not be passed on to any unauthorised third party.

Signature:

Date:

Church Address

Church Street

Church Town

Telephone: 01234 567890

Email: office@yourchurch.org.uk

Rector/Vicar: Name Here

The Parish of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Charity Number 1234567