



# Application form

Application for:

## Your details

Name:

Address:

Postcode:

Phone:

Email:

##

## Education and training

Please give details:

|  |  |  |
| --- | --- | --- |
| Dates  | School/College  | Qualifications and Grades |
|  |  |  |
|  |  |  |
|  |  |  |

## Professional Qualifications

Please give details:

|  |  |  |
| --- | --- | --- |
| Dates  | Awarding Body  | Qualifications and Grades |
|  |  |  |
|  |  |  |
|  |  |  |

## Employment history

### Your current or most recent employer

Name of employer:

Address:

Postcode:

Job title:

Pay:

Length of time with employer:

Reason for leaving:

Duties:

|  |
| --- |
|  |

### Previous employers

Please tell us about other jobs you have done and about the skills you used or learned in those jobs.

|  |  |  |  |
| --- | --- | --- | --- |
| Dates  | Employer | Role and achievements  | Reason for leaving  |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

## Supporting statement

Please tell us why you are applying for this job and why you think you are the best person for the position.

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##

## Interview arrangements and availability

If you have a disability, please tell us if there are any reasonable adjustments we can make to help you in your application or with our recruitment process.

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|  |

When can you start working for us?

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| --- |
|  |

## Right to work in the UK

Do you need a work permit to work in the UK? Yes / No

## Ability to travel within the Monmouth and Llandaff

Are you able to travel between multiple church sites per day across both dioceses? Yes / No

##

## References

Please give the names and contact details of 2 people who we can ask to give you a reference. We may ask them before an employment offer is made. We will not ask your current employer until we get your permission.

### Referee 1

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| --- |
|  |

### Referee 2

|  |
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|  |

## Declaration

I confirm that to the best of my knowledge the information I have provided on this form is correct and I acknowledge that providing deliberately false information may result in my dismissal.

Name:

Signature:

Date: