Application Form for employment



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In order for your application to be considered it is important that this application be completed in full. An incomplete application will not be considered in our recruitment process.

How did you hear about this vacancy?			
Please tell us why you have applied fo about yourself and what drew you to appl			
Dave and Dataila			
Personal Details			
Forename:	Surname:		
	Email:		
Address:	Home Telephone:		
/ Add 655.	Work Telephone:		
	Mobile telephone:		
Post Code:	Please confirm if you you on the above: Y	are happy for us to contact ′es	
Training and Development			
Please give details of training courses you have at the most recent course first. Please continue on a s	-	· · · · · · · · · · · · · · · · · · ·	
Training Course		Date Completed	

Information Technology Competence				
IT Package/Training:	Level achieved:			
Professional Memberships				
Please provide details of any professional member Please continue on a separate sheet if necessary.	ships that you currently hold	I which are relevant to this role.		
Professional Membership		Expiry Date		
Personal Faith				
We desire that all applicants be committed Christi of Barnabas Fund. Therefore, please tell us some separate sheet.	ans, and similarly, be commething of your faith and Chris	nitted to the Christian values and ethos tian experience. Please continue on		
·				
Please give the name and address of the church	you attend:			

Please provide us with any additional details, you feel are relevant to support your application. This may include additional skills, knowledge or experience not mentioned in the previous sections. Please continue on a separate sheet if necessary.		
Reasonable Adjustments		
Would you like us to make any specific do you need a wheelchair-accessible ir	arrangements to facilitate a fair interview due to a disability? For instance, nterview room?	
Other Information		
Do you have any holidays booked?		
Have you worked for us before? If yes, please tell us the role and dates.		
Two character references are essential for a complete application. Kindly provide the following	 Name, contact number and email address of reference you will use to attest to your work ethic and character. (Must be a person not related to you): 	

2. Name, contact number and email address of church pastor / elder:

General/Additional Information

information:

Data Protection

*The information provided in the application form will be processed in accordance with current data protection regulations.

We may verify information you supply to obtain employment by consulting a third party or statutory agency at any time. We may provide information from your application to appropriate third parties (e.g. HMRC).

*If you are unsuccessful in this application, we can hold your information on file in case of future vacancies. Instead of securely shredding it, we will retain it securely for an additional 12 months. You must specifically authorise this below.

securely still eduling it, we will retain it securely for an additional 12 months. Tou must specifically additionse this below.
Right to Work in the UK
You will be required to provide the appropriate official documents to confirm your right to work in the UK if you are offered an interview. Do you currently have the legal right to live and work in the UK: Yes \[\] No \[\]
Driving
If it is necessary for you to drive for this position (as outlined in the job description), please confirm by ticking the box below. Please ignore if this is not a requirement of the role: Yes No
Re-location Page 1997
Please confirm if you can re-locate for the position? (If applicable) Yes Unsure No
Declaration
I authorise you to contact the disclosed references to support this application. I consent to the processing of data supplied in this application form for the purpose of recruitment and selection.
I confirm that the above information is correct. I understand that providing false or misleading information to secure employment is misrepresentation. My application may be rejected or employment terminated in such circumstances.
Signature: Date:
* Where your application is unsuccessful this form will be securely shredded at the end of the process. We are happy to keep this information confidentially on file for 12 months in case of further vacancies. Please sign the authorisation below if you wish us to do so.
I authorise you to retain my application and associated personal information for up to 12 months from the date below.

Signature: Date: