



FORM 4

STAFF APPLICATION FORM

PERSONAL

Forename: _____

Surname: _____

Church body: _____

Have you been previously known by other names? _____

Address: _____

Telephone Number: _____

Email: _____

If you have previously been involved in voluntary work or working with children, please give details.

Please give details of qualifications or training you have undertaken that you think may be relevant to this post.

Please detail if you have medical conditions that we need to be aware of, which may affect you carrying out some of the requirements of this post.

REFEREES

Please provide the names and contact details of two people whom we could contact for a reference (these people should not be relatives) who have known you well and would be able to comment on your suitability for this post.

REFEREE 1

Name: _____

Address: _____

Telephone Number: _____

Email: _____

REFEREE 2

Name: _____

Address: _____

Telephone Number: _____

Email: _____

DECLARATION

I declare that I have completed this form truthfully, and I agree that you may contact the people whose names I have given as referees. In accordance with Data Protection legislation, I give my consent that the information contained in this form be processed and stored for the purposes of recruitment and employment.

I agree to abide by and accept the terms and conditions of my involvement, if successful in the application process.

Signed: _____

Date: _____