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| Gospel Standard Bethesda FundRegistered Charity 1199341Job Application Form |

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| Title of post applied for: |  | Job Ref: |  |

Please write clearly in black ink or type.

### Confidential

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| **1. PERSONAL DETAILS** (BLOCK CAPITALS PLEASE)

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| --- | --- | --- | --- |
| Surname:  |  | Initials:  |  |
| Former surnames if different: |  | Preferred Name or Title (Optional): |  |
| Address: | Tel No (home):  |  |
| Tel No (business): |  |
|  | Tel No (mobile): |  |
| Town | Post Code | Fax No: |  |
| E-Mail address: |  | Nat. Insurance No: |  |
| Nationality:  |  | If you are not a British passport holder or a European Citizen, or you do not have the permanent right to remain in the UK, you will require a work permit. |
| Do you need a work permit to be employed in the UK? | [ ]  Yes [ ]  No | If you already have a work permit, when does it expire? (Please note that your current work permit may not be valid for this post.) |
| Where did you learn of the post? |  |

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| **2. EDUCATION AND PROFESSIONAL QUALIFICATIONS** (Original documents as proof of qualification will be required at interview.)

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| --- | --- | --- | --- | --- |
| Secondary School / College / University | Dates | Examinations taken | Date | Result |
| From | To |
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| Professional Qualifications currently held: how obtained, grade and date  |

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| Other relevant Educational or Training Courses, with dates  |

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| **3. PRESENT POST**

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| --- | --- | --- | --- |
| Title of Post:  |  | Salary/Grade:  |  |
| Name of Employer:  |  | Business of Employer:  |  |
| Address: | Date Commenced:  |  |
| Date Ended (if applicable): |  |
|  |  |  |
| Town | Post Code |  |  |
| Please outline your responsibilities, to whom you are responsible and staff responsible to you (if applicable): |
| Reason for leaving or wishing to leave: |  |
| Period of notice required to terminate present employment: |  |
| Please notify us of any dates you are available for interview: |

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| **4. PREVIOUS EMPLOYMENT**(Please use continuation sheet if necessary.)

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| --- | --- | --- | --- |
| Title of Post:  |  | Salary/Grade:  |  |
| Name of Employer:  |  | Business of Employer:  |  |
| Address: | Date Commenced:  |  |
| Date Ended: |  |
|  |  |  |
| Town | Post Code |  |  |
| Please outline your responsibilities, to whom you are responsible and staff responsible to you (if applicable): |
| Reason for leaving or wishing to leave: |  |
|  |
| Title of Post:  |  | Salary/Grade:  |  |
| Name of Employer:  |  | Business of Employer:  |  |
| Address: | Date Commenced:  |  |
| Date Ended: |  |
|  |  |  |
| Town | Post Code |  |  |
| Please outline your responsibilities, to whom you are responsible and staff responsible to you (if applicable): |
| Reason for leaving or wishing to leave: |  |
|  |
| Have you had any significant (e.g. 1 year) gaps in your employment? . If yes, please provide relevant details: |

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| **5. RELEVANT SKILLS, ABILITIES, KNOWLEDGE, EXPERIENCE AND YOUR REASONS FOR APPLYING FOR THIS JOB** |

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| **6. OTHER INFORMATION**

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| What activities outside work interest you? (State any positions held you consider relevant.) |
| Do you hold a current driving licence? | [ ]  Yes [ ]  No | Do you own a car? | [ ]  Yes [ ]  No |

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| Health |
| Please state the number of days sickness absence in the last 2 years:  |  |
| NB: Successful candidates will be required to complete a full medical questionnaire. |

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| Disability Discrimination Act 1995 |
| Do you consider yourself to be disabled under the Disability Discrimination Act? | [ ]  Yes [ ]  No |
| If Yes, are there any adjustments that you think we could make to overcome a disability in relation to the essential requirements of this job?  | [ ]  Yes [ ]  No |
| If Yes, please provide further details:  |
| If selected for interview, do you require any assistance/adaptations to help you attend?  | [ ]  Yes [ ]  No |
| If Yes, what assistance/adaptations do you require?  |

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| Rehabilitation of Offenders Act 1974 |
| Have you any convictions that are not spent under Rehabilitation of Offenders Act?  | [ ]  Yes [ ]  No |
| If Yes, please provide further details:  |

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| **7. REFERENCES**

|  |  |
| --- | --- |
| Referee 1 | Referee 2 |
| Title (Mr, Mrs etc):  |  | Title (Mr, Mrs etc):  |  |
| Full Name:  |  | Full Name:  |  |
| Job Title:  |  | Job Title:  |  |
| Organisation:  |  | Organisation:  |  |
| Address: | Address: |
|  |  |
|  |  |  |  |
| Tel No:  |  | Tel No:  |  |
| E-mail address:  |  | E-mail address:  |  |
| Fax No:  |  | Fax No:  |  |
| Please state if we may obtain this reference prior to interview. | [ ]  Yes[ ]  No | Please state if we may obtain this reference prior to interview. | [ ]  Yes[ ]  No |

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| **8. DECLARATION**

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| I declare that the information given in this application form is true and complete. I understand that if I have given any misleading information on this form or made any omissions, this will be sufficient grounds for terminating my employment. |
| Signature:  |  | Date:  |  |
| Name:  |  |  |
| The information provided by you on this form as an applicant will be stored either on paper records or a computer system in accordance with the Data Protection Act 1998 and will be processed solely in connection with recruitment. |

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