

Please complete in black ink and return to:
The Administrator
New Life Church
Brumby Wood Lane
Scunthorpe
DN17 1AB

Application for the post of

A. PERSONAL DETAILS	
Family name	Title (Mr / Mrs / Miss / Dr / Rev / other)
Forenames	Address
Previous names by which known	
Daytime tel. number	
Eve tel. number	Postal Code
Email address	Please enter previous addresses in last 3 years on separate info sheet.
National Insurance Number	Marital Status (Married / Single / Divorced / other)
Place of Birth	Dependants (number)

B. EMPLOYMENT	
Name & address of current / most recent employer	(continued)
Employers tel number	
Position held	
Dates commenced / ended employment	
Please state notice period and/or earliest start date	
Reason for leaving previous employment	
Please summarise the main duties/responsibilities of most recent job.	

D. EDUCATION & TRAINING

You may be asked to produce original certificates/qualifications if shortlisted for interview

a) Secondary education, further and/or higher education (giving most recent first)

School.College.University/Other	Date of course	Qualification & subject	Level	Grade

b) Qualifications currently being undertaken

Institution/Provider	Qualification/Level	Subject	Exam/Finish date

c) Relevant training and Non-Qualification courses attended

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d) Professional qualifications

Qualification	Date obtained

e) Membership of professional bodies

Name of body	Membership level	Date obtained

E. ASYLUM & IMMIGRATION

Do you have or are you entitled to obtain a National Insurance Number?

<input type="checkbox"/>	<input type="checkbox"/>
YES	NO

If you have answered YES to the above please ensure you have stated your National Insurance Number in Section A

If you have answered NO to the above, do you have a right to work in the U.K?

<input type="checkbox"/>	<input type="checkbox"/>
YES	NO

If YES please state the detail documents authorising you to work in the U.K (visa number / date issued)

F. SAFER RECRUITMENT & SELECTION

Has any disciplinary action been taken against you?

YES

NO

If you have answered YES to the above please provide details along with the outcome.

Has there ever been allegations of abuse, malpractice or professional misconduct made against you?

YES

NO

If YES please provide details, together with the outcome

Has there ever been any allegations of harassment against you?

YES

NO

If YES please provide details, together with the outcome

Have you been convicted of a criminal offence?

YES

NO

Do you have any criminal charges or summonses pending against you?

YES

NO

N.B. If the post for which you are applying provides substantial access to children, your appointment will be subject to vigorous vetting processes including checks by the Criminal Records Bureau and other relevant bodies.

G. DISABLED APPLICANTS

The Disability Discrimination Act 1995 defines a disabled person as anyone who has or has had a physical or mental impairment which has a substantial and long term effect on their ability to carry out normal day-to-day activities. Taking this definition into consideration do you consider you have a disability?

YES

NO

If YES please describe any equipment you may need or adaptations which you consider may need to be made to accommodate your disability(ies) if you are appointed to this post.

H. HEALTH

Please detail any medical conditions for which you are currently receiving treatment.

Have you had or are you receiving treatment for Hepatitis A, B or C / H.I.V

YES

NO

If YES please provide details.

I. SUITABILITY

Please explain why you feel you are suitable for this post.

J. REFERENCES

Please give names and addresses of TWO referees, not related to you, who are willing and able to provide up-to-date information on your qualifications, experience and skills. One of these must be your current/most recent employer or if you have not been employed, a referee related to relevant voluntary or community work or, if appropriate, your head teacher or lecturer/tutor from your last school or college or university.

If you have attended a church please provide the details of your pastor/vicar/priest as a referee also.

Name	Name
Position	Position
Address	Address
Postal code	Postal code
Tel number	Tel number
Fax number	
Email address	Email address

K. DECLARATION

I understand that an offer of appointment will be subject to references satisfactory to the Company

I understand that providing false or misleading information will disqualify me from appointment or if appointed will render me liable to dismissal without notice

I declare that the information I have given is to the best of my knowledge, true and complete.

I agree that the information may be used for registered purposes under the Data Protection Act and by the Company for fulfilling its operational obligations.

Signed

Date

L. DATA PROTECTION

You will appreciate that New Life Church needs to maintain data about individuals for the purposes of fulfilling its operational obligations. New Life has a Data Protection Policy which is compliant with the Data Protection Act 1998 and is available for inspection at the central office. Enquiries about the procedures or other Data Protection matters should be addressed to The Information Compliance Officer at the address at the foot of the form.

Data Subjects have the right to access any personal information that New Life stores about them. This right is subject to certain exemptions which are set out in the Data Protection Act 1998. New Life Church is able to charge a small fee for this facility. We will seek to supply such requests within 40 days of the request.

ADDITIONAL INFORMATION

Use this sheet for detailing any information unable to be entered onto the preceding pages.

Thank you for your application.
Please check you have completed all sections in full.
Return to "The Administrator" at the address below asap.



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