



APPLICATION FORM – PARISH ADMINISTRATOR

1. Personal Information

Title:	Forename(s):	Surname:
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Known as:

Any previous names by which you have been known:

Date of Birth:

Home Address:

Postcode: N.I. No.

Daytime Tel No:	Evening Tel No:	Mobile Tel No:
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Email Address:

2. Current or Previous Employment
 Please give details of your current or most recent employer and reason for leaving.
(if not sufficient space please add additional sheets)

3. Work and Education Since Leaving School
 Please give details of all post-school education, employment and voluntary work,
 including an explanation of any gaps. Please include dates.

4. Personal Statement

Please detail why you consider yourself suitable for the position, including the skills and attributes you would bring to the role.

5. Health

Please provide information about any disability or health issue that we should be aware of in order that we can identify what support or reasonable adjustments we can provide for you to undertake the role.

6. References

Please provide details of 2 personal referees here, one of whom must be from your current or previous employment. Referees must be over 18 and not be family members or relatives. Please note that 'Self-supplied', 'to whom it may concern' and verbal references will not be accepted.

Name:

Telephone No:

Address (including postcode):

Email Address:

In what capacity do you know this person?

Name:

Telephone No:

Address (including postcode):

Email Address:

In what capacity do you know this person?

8. Declaration

I confirm that to the best of my knowledge the information I have provided on this form is correct and I accept that providing deliberately false information could result in the termination of my employment.

I understand that any offer of appointment is subject to satisfactory pre-appointment checks as well as completion of a Confidential Declaration Form and satisfactory enhanced Disclosure and Barring service check.

I understand that if I am appointed to a volunteering role there will be a probationary period and I will be required to undertake relevant safeguarding training.

Signed:

Print Name:

Date: