

PERSONAL DETAILS

St Leonard's Church, Chesham Bois

www.stleoanardscb.org.uk

St Leonard's Church Office, Glebe Way, Chesham Bois, Amersham HP6 5ND, UK

JUNIOR CHURCH PASTOR

APPLICATION FORM

Please complete this form and submit by email to office@stleonardscb.org.uk
Please return this form by Sunday 30th June

Full name Address Postcode Date of Birth Email Address: **Contact Numbers** (Home) (Work) (Mobile) Church currently attended*..... * There is a genuine occupational requirement for a committed Christian. Are you eligible to reside and work in the UK? YES/ NO Do you hold a clean driving licence? YES / NO Do you own a car? YES / NO

EDUCATION

Please give details of educational and professional qualifications, together with dates and names of schools/colleges attended.

Dates		Place of Study	Qualifications Attained					
From To								

PRESENT AND PREVIOUS APPOINTMENTS

Beginning with your current or most recent employer and working backwards in chronological order, please give details of your career to date.

Dates		Employer	Job Title and Summary of Duties	Reason for Leaving
From To				

(Use a separate sheet if necessary)

Please giv	ve details of any the community	TTH CHILDREN voluntary work v y, particularly noti	with young peop	le (a) in the chur	ch	ng Christian
	IAN DISCIPLE Il us how you be	SHIP ecame a Christian	, and something	of your journey	so far:	

J AND THE POST use give your reasons for applying for the posuld outline your interest in the post and described this space to tell us anything not covered else	ribe your relev	ant skills and ex	perience. You sh	
		(Use a se	parate sheet if n	ecess
BBIES AND INTERESTS use give details of your main hobbies and inte	prosts outsido	of work:		

SICKNESS AND ABSENCE

days in the last 24 months?	YES / NO	
If yes, please give details below		
Do you consider yourself to have a disability?	YES / NO	
If yes, please give details below		

Have you been absent from your employment through illness for a period of more than 5 consecutive

REFERENCES

Please give the names of three referees. It is important that they can comment on your professional expertise and knowledge. At least one should be your current or most recent employer or your tutor. At least one should be able to comment on your Christian faith and on your work with children/young people. We will only take up the references of those who are shortlisted. Please indicate against each referee whether we may approach them before interview.

1. Present employer or tutor

Name	
Address	
	Post Code
Tel. Noe-mail ac	ldress
May we approach this referee now?	YES / NO

2. Second Referee - your current Church Pastor/Church Leader In what context does this referee know you? Name AddressPost Code..... Tel. No. e-mail address..... May we approach this referee now? YES / NO 3. Third Referee In what context does this referee know you? Name Address.....Post Code..... Tel. No. e-mail address.....

May we approach this referee now?

YES / NO

REHABILITATION OF OFFENDERS ACT

Under the provisions of the Rehabilitation of Offenders Act, you do not have to disclose information on certain convictions after a set period of time, as they become "spent". However, this post is **exempt** from the above Act. This means that <u>ALL</u> convictions, cautions or bind-overs must be declared and cannot be regarded as spent.

Have you been convicted of any criminal offence (including "spent" convictions), or are you currently the subject of a police or social services investigation involving any alleged offence?

YES / NO

If yes please provide full details on a separate sheet.

Please	note tha	t a full	"enhanced	disclosure"	will be	applied	for from	the Di	isclosure a	and B	arring S	Service
for the	e successi	ful appl	icant and a	ppointment	to the	post will	be dep	endent	on satisf	actory	v cleara	nce.

Where did you see this post advertised?

DECLARATION

I confirm that the information contained on this application form is correct and accurate to the best of my knowledge. I agree to the information being processed in accordance with the Data Protection Act.

Signature Date

Please return the completed application form by email byto: office@stleonardscb.org.uk