## Grace Community Church Maidstone



# Application Form

Applications should be emailed to <u>enquiries@gccmaidstone.org.uk</u> All applications will be acknowledged upon receipt.

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All the information provided in this application form is confidential and will be treated in accordance with the General Data Protection Regulations 2018

#### **1. Personal Details**

Title		Full Name		
E-mail address				
Address				
Post Code		Telepho	one	
Do you have the right to work in the UK?		Yes / No	o (delete	e as appropriate)

#### 2. Education / Qualifications Post 16 – Most Recent First

Add additional rows as required.

School / College / University / Institution	Dates (from – to)	Course Taken / Qualification Obtained	Grade (if applicable)

#### 3.

Where did see this post advertised?

## 4. Present or Most Recent Employment

Job title
Salary (optional)
Date of appointment
Notice period required

## 5. Past Employment (Paid or Unpaid) – Most Recent First

Please explain any gaps in employment. Add additional rows as required.

Employer's Name and Address	Position(s) Held	Dates (From - To)

#### 6. Relevant Training Courses – Most Recent First

Add additional rows as required.

Course Details	Organising Body	Date

## 7. Personal Stateme<sup>i</sup>nt

Please give your reasons for applying for this post. You should tell us what attracted you to the post and describe your relevant skills, experience and Christian testimony, demonstrating how you meet the criteria on the person specification. You may expand the box below, but please do not write more than two pages.

#### 8. Vision and aspirations

Please outline your vision for work as a Pastor / Senior Leader of a local Christian church and, based on the profile of Grace Community Church, please also share your thoughts on what you would aspire to achieve if you were serving in this post. You may expand the box below, but please do not write more than two pages.

#### 9. Recreational Interests

Please indicate other recreational interests.

#### 10. References

Please provide three references. Referees should not be friends or relatives and should cover a period of at least five years of knowing or working with you.

Present Employer	Church Leader	Other	
Name	Name	Name	
Job Title	Job Title	Job Title	
Address	Address	Address	
Postcode	Postcode	Postcode	
E-mail Address	E-mail Address	E-mail Address	
Telephone number	Telephone number	Telephone number	
Relationship to you	Relationship to you	Relationship to you	
Please place an 'X' to the right if you would prefer us not to contact this referee prior to interview	Please place an 'X' to the right if you would prefer us not to contact this referee prior to interview	Please place an 'X' to the right if you would prefer us not to contact this referee prior to interview	

Appointment to this post will be conditional upon the receipt of a satisfactory disclosure from the Disclosure and Barring Service (DBS) and acceptable references.

Any information will be treated in the strictest confidence and used solely in relation to this application. This church is committed to safeguarding and promoting the welfare of children and young people / vulnerable adults and expects all staff and volunteers to share this commitment.

#### 11. Health

Do you have	e a registered disability?	
Yes / No	(please delete as appropriate)	
Have you an	y on-going health issues relevant to	this post?
Yes / No	(please delete as appropriate)	If yes, please explain below
If invited to	interview, are there any special arra	angements that you would like to be made for you?
If invited to Yes / No		angements that you would like to be made for you? If yes, please provide details below

#### 12. Declaration

I certify that to the best of my knowledge, the information given on this form is correct. I understand that my application may be rejected or that I may be dismissed for withholding relevant details or giving false information. I also understand that the information I have provided may be subject to checking.

Please note that if you are offered this post, you will be required to complete a medical questionnaire, provide evidence of any relevant qualifications and provide proof of identity.

Signature	Date

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