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| **PARISH NURSE - APPLICATION FORM**  **Reading Gateway Church** | | | | | | |
| **1. Personal Information** | | | | | | |
| Title: | Forename(s): | | | | Surname: | |
| Known as: | | | | | | |
| Any previous names by which you have been known: | | | | | | |
| Date of Birth: | | | National Insurance Number: | | | |
| Home Address:  Postcode: | | | | | | |
| Daytime Tel No: | | Mobile Tel No: | | | | Evening Tel No: |
| Email Address: | | | | | | |
| **2. Education, Training & Qualifications Information**  Please attach a full CV giving details as specified in the information pack. | | | | | | |
| **3. Employment & Voluntary Work Experience -** To be included on CV | | | | | | |
| **4. Reasons for applying for this position -** Include within covering letter | | | | | | |
| **4. Church Involvement**  Please provide a full history (with dates wherever possible) of your church involvement (current and previous). | | | | | | |
| **Right to work**: Do you currently have the right to work in the UK? **YES / NO** | | | | | | |
| **Convictions:** Have you ever been convicted of a criminal offence, other than a spent conviction under the Rehabilitation of Offenders Act 1974? **YES / NO**  *If yes, please supply further details on a separate sheet.* | | | | | | |
| **6. Health Information**  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 attend an interview and undertake the role safely. | | | | | | |
| **7. References**  At least 2 references will be sought using the information provided at sections 2 & 3 above. Please also provide details of personal referees here. Referees must be over 18 and not be family members or relatives.  Referee 1 should be your current manager or equivalent at your place of work (Please indicate if you would prefer this reference not to be taken up until/unless you have been offered the post subject to satisfactory references.)  Referee 2 should be the minister of the church you currently attend (if your minister is also your current line manager, this could be a senior leader in your church).  Please note that 'Self-supplied’, ‘to whom it may concern’ and verbal references will not be accepted | | | | | | |
| Name: | | | | Home Telephone No: | | |
| Address (including postcode): | | | | Mobile Telephone number | | |
| Email Address: | | |
| In what capacity do you know this person? | | | | | | |
| Name: | | | | Home Telephone No: | | |
| Address (including postcode): | | | | Mobile Telephone Number | | |
| 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 position. I understand that any offer of appointment to work as a part-time Parish Nurse, working with vulnerable adults, children/young people is subject to satisfactory pre-appointment checks as well as completion of a Confidential and/or Declaration Form and satisfactory disclosure from the Disclosure and Barring Service at the appropriate level. I understand that if I am appointed to this role there will be a settling in period of three months after which an informal review of suitability for the position will take place and that I will be expected to complete all relevant training, including safeguarding training and an induction programme. | | | | | | |
| Signed: | | | | Print Name: | | |
| Date: | | |