The Benefice of Ruscombe & Twyford



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including the Twyford Area Local Ecumenical Partnership

St Mary’s Church Centre

A black cross with a circle around it

AI-generated content may be incorrect.Station Road, Twyford, Reading, Berks RG10 9NT

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| **APPLICATION FORM**  **Parish Administrator** | | | | |
| **1. Personal Information** | | | | |
| Title: | Forename(s): | | | Surname: |
| Known as: | | | | |
| Any previous names by which you have been known: | | | | |
| Date of Birth: | | | | |
| Home Address:  Postcode: | | | | |
| Daytime Tel No: | | | Mobile Tel No: | |
| Email Address: | | | | |
| **2. Education, Training & Qualifications Information**  Please include dates. | | | | |
|  | | | | |
| **3. Employment & Voluntary Work Experience**  Please provide a full history (with dates wherever possible) of any previous experience you may have had, including the reason for leaving your most recent employment. Please include your experience with working with Microsoft Office, websites and social media. | | | | |
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| **4. Church Involvement**  Please provide details of the church you currently worship at, i.e. name, address incumbent, etc. This is not a necessity for the successful applicant. | | | | |
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| **5. Why do you want to apply for this post?**  Please tell us why you wish to work in our parish office and the skills & qualities you think you would bring to the role. Please also tell us about any skills or experience you hope to gain through this opportunity: | | | | |
|  | | | | |
| **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 undertake your duties safely. | | | | |
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| **7. References**  At least two references will be sought using the information provided at sections 3 & 4 above. Please also provide details of personal referees here. 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 my termination of my role.  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 disclosure from the Disclosure and Barring Service at the appropriate level, where this is a requirement of the role as stated on the job description.  I understand that if I am appointed to the role there will be a settling in period and that I will be expected to complete an induction programme and undertake relevant safeguarding training. | | | | |
| Signed: | | Print Name: | | |
| Date: | | |