

# Application Form

# for Voluntary Admin Assistant for COGS/Medstead

*You are encouraged to complete and return this form electronically. The boxes will expand as you type. If you are completing by hand, please use additional paper where required for all your information.*

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| --- | --- |
| **Surname:** |  |
| **First Names:** |  |
| **Address:** |  |
| **Post Code:** |  |
| **Contact Tel. No.** |  |
| **E-mail address:** |  |

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| **Please give us a brief summary of your Qualifications** (School, College, University) and **job-related training.**  |
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| **Please give us a brief summary of your Employment history** (most recent employer first): |
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| **Personal Statement: Please tell us why you would like this voluntary role and what you would hope to bring.**  |
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| **Are there any additional skills, experiences and/or interests that you wish to mention:** |
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| Health: |
| **Are there any aspects of your health that you think we should be aware of:** |  |
| **Are you registered disabled?** | YES/NO  |

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| Further Information and Declaration:  |
| **Have you ever been convicted, or cautioned, with respect to a criminal offence?** | YES/NO (delete as appropriate) |
| **Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4 (2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. This means that you are not entitled to withhold information about convictions which, for other purposes, are ‘spent’ under provisions of the Act. In the event of employment, failure to disclose such convictions could lead to disciplinary action being taken. Any information will be treated in the strictest confidence and used solely in relation to this application. This position involves substantial access to children and young people and, therefore, a DBS enhanced disclosure will be required before the appointment can be confirmed.****If your answer is ‘Yes’, please give full details:** |
|  |

***I certify that the information given on this form is correct to the best of my knowledge.***

**Signed: Date:**

***Please return by email to:*** *vicar@pmafm.co.uk*

***Or by post to:*** Revd Canon Howard Wright, The Vicarage, 22 Lymington Bottom,

Four Marks, Alton, Hants. GU34 5AA

**References**

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| **Applicant’s Name:** |  |

Please give details below of three people, one of whom should be your Church Minister/Leader, who can provide information that will confirm your suitability for this post. Where appropriate, one person should be your current, or most recent employer. References will be taken up before interview; please indicate whether this is acceptable by ticking the relevant box.

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| **Name:** |  |
| **Occupation:** |  |
| **Address:** |   |
| **Postcode:** |  |
| **Email:** |  |
| **Daytime Tel. No.** |  |
| **Are you happy for references to be taken up should you be called for interview?** |  YES/NO (delete as appropriate) |

|  |  |
| --- | --- |
| **Name:** |  |
| **Occupation:** |  |
| **Address:** |   |
| **Postcode:** |  |
| **Email:** |  |
| **Daytime Tel. No.** |  |
| **Are you happy for references to be taken up should you be called for interview?** | YES/NO (delete as appropriate) |