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# *CONFIDENTIAL*

###### THE DERBY DIOCESAN BOARD OF FINANCE LIMITED

### APPLICATION FORM

*Please complete in black ink.*

|  |  |
| --- | --- |
| Application for the post of: |  |

This form should be used to apply for this role and contains important information which will be used to assess your application for the role as well as confirming your employment and personal details. A Curriculum Vitae is not an acceptable substitute. Therefore, you should ensure it is accurately completed, and that you have clearly demonstrated how you meet the requirements of the role. This must be received prior to the specified closing date.

As an employer we are committed to equal opportunities

### SECTION 1 – PERSONAL DETAILS

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Surname |  | | Title | | **|** |
|  | |  | | | |
| Forenames |  | | | | |
|  | |  | | | |
| Address |  | | | | |
|  |  | | | | |
|  |  | | | | |
|  |  | | | | |
| Telephone |  | E-Mail | |  | |
|  | |  | | | |
| Fax |  |  | | | |
|  |  |  | | | |
| Are you eligible to work in the UK? | | Yes (please circle as required) | | | |

Are you free to remain and take up employment in the UK with no current immigration restrictions

Yes □ No □

### SECTION 2 – PRESENT EMPLOYER

i) Job Title

ii) Employer (with address)

iii) Date of appointment

iv) Present Salary

v) Period of notice required

vi) Please give a brief description of your current role

|  |
| --- |
|  |

vii) Reason for leaving

**SECTION 3 – PREVIOUS EMPLOYMENT/POSTS HELD** (starting with the most recent)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From | | To | | Employer | Post & Brief Description of duties |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

### SECTION 4 – EDUCATION AND TRAINING (Secondary/Further/Higher Education)

Please give details, with dates

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From | | To | | School/College | Qualifications Gained |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Other relevant training courses attended**

|  |  |  |
| --- | --- | --- |
| Date | | Course |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**SECTION 5 – OTHER INTERESTS** (leisure interests, hobbies etc.)

|  |
| --- |
|  |

**SECTION 6**

Please use this section to briefly state your reasons for applying for this post. Looking at the Job Specification and Person Specification please also give examples of how you meet the criteria. Examples can be from your work, volunteering, community or other activities etc. Please continue on a separate sheet if necessary.

**SECTION 7 - REFERENCES**

Please give names and addresses of two persons to whom reference can be made (one of whom should be your present/last employer). All references for shortlisted candidates will be taken up prior to interview unless you advise otherwise now in respect of your employer reference. May we take up a reference from your employer prior to interview? YES

|  |  |  |
| --- | --- | --- |
| Name |  |  |
| Position held |  |  |
| Address |  |  |
| Telephone |  |  |
|  |  |  |
|  | For how long have you known this person and in what context do they know you? | For how long have you known this person and in what context do they know you? |
|  |  |  |

**SECTION 8 – REHABILITATION OF OFFENDERS ACT 1974**

Do you have any convictions, cautions, reprimands of final warnings that are not “protected” as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013) SI 2013 1198

Yes/No \*if you answered yes, please provide details and dates (use additional sheets if necessary).

Failure to disclose such convictions could result in dismissal. Any information will be treated in the strictest of confidence.

**SECTION 9 – DECLARATIONS**

1. I understand that any false or misleading information given in this application may result in my dismissal if I am appointed
2. To the best of my knowledge and belief, the information supplied by me in each section of this form is correct.
3. I hereby consent to the processing of sensitive personal data, as defined by the Data Protection Act 1998, involved in the consideration of this application

Signature…………………………………………………………………… Date……………..

Please return to:

|  |  |  |  |
| --- | --- | --- | --- |
| Closing date for applications |  |  | Will Hagger  Derby Church House  Full Street Derby  DE1 3DR |
| Interviews will be held on |  |  |
| Start date | TBC |  |

Please tick the boxes below to identify how you became aware of this vacancy.

Charity Jobs  □      Pathways  □      Diocesan Website □ Other x

Applications may be returned by email: [mandy.francis@derby.anglican.org](mailto:mandy.francis@derby.anglican.org)

Candidates who have not received a letter by …………..should assume that their application is not being pursued.

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|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **RECRUITMENT MONITORING FORM**  **Please complete this monitoring form. The information will not be used as part of the selection process and will enable the diocese to monitor the diversity of applicants applying for its offices. You may tick the ‘prefer not to say’ box for any questions that you do not wish to answer.** | | | | | | | | | | |
|  |  | | |  | | | |  | | |
| **Application for the post of:** | | | |  | | | | | | |
|  |  | | |  | | | |  | | |
| **1 What is your ethnic group?** | | | | | | | | | | |
| ***A*** *White* | | | | | | | | | | |
| British | |  | |  |  | | | Irish |  | |
| Other | | | | | | | | |  |  |  |
|  | | | | | | | | |  |
| ***B*** *Mixed* |  |  | |
| White/ Black Caribbean | |  | | White/Asian | | | | |  | |
| White/Black African | |  | | Other | | | | |  | |
|  | | | | | | | | | | |
| ***C*** *Asian or Asian British* |  | | |  | | | |
| Asian British | |  | | Pakistani | | | | |  | |
| Bangladeshi | |  | |  | | | | Indian |  | |
| Other | | | | | | | | |  | |
| ***D*** *Black or African or Caribbean or Black British* | | |  |  | | | |
| African | |  | | Caribbean African | | | | |  | |
| Black British | |  | | Other | | | | |  | |
| ***E*** *Other group* |  |  | |  | | | |  | | |
| Chinese | |  | | Other | | | | |  | |
| ***F*** *Prefer not to say* | | | | | | | | | | |
| **2 Gender** |  | | | | | | |  | | |
| Male | |  | | Female | |  | | Prefer not to say |  | |
|  |  | | |  | | | |
| **3 Disability** |  | | |  | | | |  | | |
| Do you consider yourself to have a disability or a long-term health condition? | | | | | | | | | | |
| Yes | |  | | No | | |  | Prefer not to say |  | |
| **4 Marital Status** |  | | |  | | | |  | | |
| Single | |  | | Separated | | | | |  | |
| Married | |  | | Divorced | | | | |  | |
| In a civil partnership | |  | | Civil partnership dissolved | | | | |  | |
|  | |  | | Widowed | | | | |  | |
|  | |  | | Prefer not to say | | | | |  | |