# CONFIDENTIAL

## ARCHDIOCESE OF SOUTHWARK

**APPLICATION FORM**

**Position Applied For: ACCOUNTS MANAGER SACRED HEART CHURCH, WIMBLEDON.**

### PERSONAL DETAILS

Surname: ……………………………………………………………………………………….……….. Title: …………….………...

First Names: ……………….…………………………………………………………………………………………………..…..........

Any Former Names: …………….……………………………………………………………………………………………………...

Address: ……………………………………………………………………………………………………………………………………...

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Post Code: ………………………………………………………..………………………..

Home Telephone Number: ….……………………………………………………...

Work Telephone Number: ……………..…………………………………………...

Mobile Telephone Number: ……….……………………………………………….

Email Address: ……………….……………………………………….…………………..

National Insurance Number: .………………………………………………………

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**PRESENT/MOST RECENT POST:……………………………………………………………………………………………..**

Employer……………………………………………………………………………………….………………………………………….

Dates Employed From:…………………..……………………… To: ……………..…………………………….

Main Duties:

Salary ………………………………………………………………….…..

Notice Required: ……………………………………………………….

### PREVIOUS EMPLOYMENT

Please give details of experience in chronological order, continuing on a separate sheet if necessary

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| --- | --- | --- | --- |
| **Employer** | **Position Held**  | **Dates** | **Reason for Leaving** |
|  |  | **From To** |  |
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**OTHER RELEVANT EXPERIENCE**

Details of any voluntary or other experience relevant to your application.

### EDUCATION AND TRAINING

Please give details of secondary and higher education and or training in this country or abroad, academic and vocational qualifications including degrees, with class and division, post graduate and professional qualifications.

|  |  |  |  |
| --- | --- | --- | --- |
| **Establishment Attended** **Full Name & Address** | **Full****or****Part Time** | **Qualifications, date award made and Awarding Body** | **Dates Attended****Month / Year** |
|  |  |  | **From** | **To** |
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### REFERENCES

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Please provide contact details for two referees, one of whom must be your present or most recent employer. No referees will be contacted without your permission.

**First Referee**

Name:…………………………..………………………………………. Position:………………………………………….………..…..

Address: ………………………………………………………………………………………………………………………………………..

Email: ……………………………………..…………………….……… Telephone:…………………….……………………………..

**Second Referee**

Name:……………………………..……………………………………. Position:……………….…………………………………..…..

Address: ………………………………………………………………………………………………………………………………………..

Email: …………………………………………………………..……… Telephone:……………………………………………………..

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### FURTHER INFORMATION

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***Please provide any further information in support of your application and in particular,***

***HOW YOUR TRAINING AND EXPERIENCE MEET THE SPECIFIC REQUIREMENTS OF THE PERSON SPECIFICATION FOR THE POST.***

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**PERMISSION TO WORK IN THE UK**

In accordance with current legislation, the Diocese will require new members of staff to provide documentary evidence they are legally entitled to live and work in the United Kingdom. This will be a current EU or Swiss passport or if not an EU or Swiss national, a current passport and work visa.

I can confirm I am legally entitled to work in the United Kingdom.

Signed .......................................................................................... Date: ..................................

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**OTHER INFORMATION**

Are you registered disabled? YES/NO

If yes, please provide your registered disabled number ...............................................................................

Will you require any special arrangements to be made in order for you to undertake this post and/or attend for interview? YES/NO

If yes, please give details.

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**DECLARATION**

Please note that should any of the information provided on this form prove to be false you will be subject to summary dismissal.

I hereby certify that all the information given by me given on this form is correct to the best of my knowledge, that all questions relating to me have been accurately and fully answered and that I possess all the qualifications I claim to hold. I understand if an offer of appointment is made, I will be required to provide proof of all such qualifications.

Signed: …………………………….......................................... Date: ........................

**THIS FORM MUST BE RETURNED BY EMAIL TO** **wimbledonma1@rcaos.org.uk** **OR BY POST TO**

**THE PARISH PRIEST, SACRED HEART CHURCH, EDGE HILL, WIMBLEDON, SW19 4LU, BY NO LATER THAN NOON ON 13 DECEMBER 2021.**