Grosvenor Chapel

24 South Audley Street, Mayfair, London W1K 2PA   
Application form for employment

Please complete this form in full supplemented by additional sheets if necessary. **CVs WILL NOT BE ACCEPTED.**

All personal data supplied to us on this form, which is subsequently processed on computer or by other means, is subject to the provisions of the Data Protection Act 1998.

|  |  |  |
| --- | --- | --- |
| **Position applied for:** | | **Location:**  **Location:** |
|  | |  |
| **Where did you see this job advertised?** |  | |

# Personal details

|  |  |  |
| --- | --- | --- |
| Surname: | Title: (Mr/Mrs/Miss/Ms/Dr/Prof) | First names: (for official purposes) |
|  |  |  |
| Current Address: | | Any Previous Surname: |
| Post Code: | |  |
| Preferred Name: (if different from above) |
|  |
| Email address: | | Telephone/mobile number: |
|  |
| Do you require permission to work in the UK? \* YES / NO \* Delete as appropriate  If yes, please give details: | | |

**Employment**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of current/last employer: | | | |
| Start Date: End Date: | | | |
| Title/description of your current job and key responsibilities: | | | |
|  | | | |
| Current /Final Salary: |  | | |
| What period of notice are you required to give to your present employer? | | |  |
| Reason for wishing to leave: | |  | |

# Previous Employment

# Please list your full employment history and explain any breaks in employment and how this time was spent.

# (Add rows or continue on a separate sheet if necessary).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Start Date** | **End Date** | **Job Title and Key responsibilities** | **Name of Employer** | **Reason for Leaving** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

# Education and Qualifications

|  |  |  |  |
| --- | --- | --- | --- |
| Date Gained | Subject | Qualification and Grade | Awarding Institution |
|  |  |  |  |

**Training**

|  |  |  |
| --- | --- | --- |
| **Date** | **Topic Covered** | **Training Provider** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

# Professional Membership/Registration

|  |  |  |  |
| --- | --- | --- | --- |
| Issuing Body | Registration Number | Date Gained | Expiry Date |
|  |  |  |  |

# Suitability

|  |
| --- |
| Please assess yourself against the requirements of the Person Specification, giving examples of how you meet the defined criteria. Ensure you are concise and to the point. You may continue on to one additional sheet if necessary. |
|  |

# Referees

Please give the names and addresses of two referees one of whom must be your current or most recent employer.

**NB:** **WE CANNOT ACCEPT ANY REFERENCES FROM FAMILY MEMBERS.**

Can we contact these references prior to interview: \* YES / NO \*Delete as appropriate

|  |  |  |
| --- | --- | --- |
| **Name and Address** | **Telephone Number** | **Email Address** |
| 1.  Relationship to you: |  |  |
| 2.  Relationship to you: |  |  |

# Additional Information

|  |
| --- |
| Please give below any further information that is relevant to your application, for example: periods of time when you would be unavailable for interview; any special requirements should you be invited for interview. |
|  |

**DECLARATION**

Please read and sign:

I confirm that the information given on this form is, to the best of my knowledge and belief, true and complete. I understand that if any of the information I have given is found to be false or misleading, the PCC can withdraw their offer of employment to me, or cancel their agreement with me. I understand that if this is discovered at a later date, I may be dismissed.

I also give my consent to the processing of my personal data by computer or other means in relation to my job application and possible future employment.

Signed……………………………………………………….. Date