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**Together Leicester**

**Application Form**

Please complete this application form in **black** ink or electronically and return it to email address below.

All correspondence should be marked **“Private & Confidential”**.

**Revd Canon Alison Adams**  
Canon Pastor and Sub-Dean, Leicester Cathedral

Diocesan Social Responsibility Enabler

[Alison.Adams@LeicesterCofE.org](mailto:Alison.Adams@LeicesterCofE.org)

07528 465 966

**Part A: Personal Information**

**Part B: Education and Training**

The person specification for this post requires candidates to be able to travel as part of their day to day work. Please confirm the following:

Do you have a valid driving licence for the UK? Yes No

Do you have access to a vehicle which can be used for work purposes? Yes No

Address (*block capitals)*: Telephone numbers:

Home:

Mobile:

Email:

May we telephone you on your mobile?

Post Code:

Yes No

If yes, what time would be most convenient?

National Insurance No:

.............................................................

Other Names (*block capitals)*: Preferred Name:

Family Name (*block capitals)*: Title:

Position applied for (*block capitals)*:

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| --- | --- | --- |
| **Continual Professional Development**  Course title and subject: | Duration: | Certificate/Qualification/Date Awarded  *(as appropriate)*: |
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**Part C: Employment History**

With your **current / most recent** appointment first please give details of all substantive employment (paid and voluntary) that you have undertaken in the course of your career.

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| Name of Employer:  Address of Employer: | Position held:  Start date:  End date:  Reason for leaving:  Salary & other benefits: |

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| --- | --- |
| Name of Employer:  Address of Employer: | Position held:  Start date:  End date:  Reason for leaving:  Salary & other benefits: |

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| --- | --- |
| Name of Employer:  Address of Employer: | Position held:  Start date:  End date:  Reason for leaving:  Salary & other benefits: |

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| --- | --- |
| Name of Employer:  Address of Employer: | Position held:  Start date:  End date:  Reason for leaving:  Salary & other benefits: |

|  |  |
| --- | --- |
| Name of Employer:  Address of Employer: | Position held:  Start date:  End date:  Reason for leaving:  Salary & other benefits: |

*(Continue on a separate sheet if necessary. Please put your full name on any additional sheets).*

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| Please also give details of any gaps in employment: |

**Part D: Information in Support of your Application**

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| Describe your current/most recent appointment in terms of its responsibilities and relationships:  *(Continue on a separate sheet if necessary. Please put your full name on any additional sheets).*  What period of notice would you be required to give to your present employer? ........................ |
| Please give your reasons for applying for this post and, using the person specification as a guide, detail your suitability for the post, including details of voluntary work or community service undertaken which is relevant to this application  *(Continue on a separate sheet if necessary. Please put your full name on any additional sheets).* |

**Part E: Additional Information - Strictly Confidential**

Information provided in this section will be detached from your application and used only by Personnel.

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| Position applied for: |

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| Family/second name *(block capitals)*: Title:  Preferred name: |

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| **Asylum and Immigration Act 1996**  Please tick box to confirm you are eligible to live and work in the UK:  Yes  No |

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| **Equality of Opportunity**  Together Leicester is an equal opportunities employer and does not discriminate on the grounds of gender, marital status, race, ethnic origin, colour, nationality, national origin, disability, sexual orientation, religion or age. Selection for employment will be based on aptitude and ability.  If you have a disability please tell us about any adjustment we may need to make to assist you at interview: |

**References**

Please give full details, including the correct style of address, of people who have agreed to supply references. If you are, or have been employed, reference should be from the line manager of your most recent employers. If you have not been in recent employment please supply details of referees from previous or academic referees. Please note that personal references will not normally be accepted, except where such an individual is able to give a professional judgement on your suitability for the post for which you are applying. Should this requirement cause you difficulties please contact Revd Dr Tom Wilson who will be pleased to help.

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| **Current Employer referee \***  Name:  Job Title:  Address:  Email: Telephone No: |
| May we contact your current employer prior to interview? Yes No |
| *(****\**** *If an applicant gives a reason acceptable to the Selection Panel, an employment reference may be taken from a previous rather than a current employer)*. |

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| --- |
| **Previous Employer / Academic referee**  Name:  Job Title:  Address:  Email: Telephone No: |

|  |
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| **Have you ever been convicted of a criminal offence (Yes / No)**  (*declaration subject to the Rehabilitation of Offenders Act 1974)* |

**NB**

*All job offers are subject to:*

* *Disclosure & Barring Service check*

*[This entails work with children and young people and falls outside the Rehabilitation of Offenders Act 1974]*

* *Proof of right to work in the UK document checks*
* *Receipt of satisfactory references*

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| **Data Protection Act 1998 and Declaration**  Applicants are advised that any information contained in, or derived from, their application may be retained in both manual and computerised format for the purposes of recruitment administration, the production of statistical data related to recruitment or equal opportunities and, on appointment, personnel, payroll and pensions administration. Information contained in, or derived from, unsuccessful applications and/or the interview process may be retained for a maximum of 24 months.  I hereby consent to the continued processing of all such sensitive data as outlined above.  **To the best of my knowledge and belief the information supplied by me on each section of this form is correct.** I understand that deliberately falsifying or withholding information in this form or any documentation relating to my future appointment may result in non-appointment or, if employed, dismissal. |
| **Signed:** ....................................................................................................................................  **Print:** ....................................................................................................................................  **Date:** .................................................................................................................................... |

**Equal Opportunities Monitoring Sheet**

We want to encourage applications from all sections of the community. To help us be sure that we are doing this, we ask all applicants to complete this form. This form will not be used as part of the selection and appointment process.

**1. ETHNIC GROUP**

a. White   
British 🞏  
English 🞏  
Scottish 🞏  
Irish 🞏  
Welsh 🞏  
Any other white background\* 🞏  
\*Please describe

b. Mixed  
White and Black Caribbean 🞏  
White and Black African 🞏  
White and Asian 🞏  
Any other Mixed background\* 🞏

\*Please describe

c. Asian  
Indian 🞏  
Pakistani 🞏  
Bangladeshi 🞏  
Chinese 🞏  
Any other Asian background\* 🞏

\*Please describe

d. Black  
Caribbean 🞏  
African 🞏  
Any other Black background\* 🞏

\*Please describe

e. Other ethnic background

Arab 🞏

Any other\* 🞏

\*Please describe

**2. GENDER**Please state

**3. SEXUAL ORIENTATION**Heterosexual 🞏  
Lesbian 🞏 Gay 🞏  
Bisexual 🞏 Prefer not to say 🞏

**4. RELIGION/ BELIEF**Baha’i 🞏  
Buddhist 🞏  
Christian 🞏  
Hindu 🞏  
Islam 🞏  
Jain 🞏  
Jewish 🞏  
Sikh 🞏  
Zoroastrian 🞏  
No religion 🞏

Prefer not to say🞏  
Other religion\* 🞏

\*Please describe

**5. DISABILITY**Do you consider yourself disabled as defined by the Disability Discrimination Act? i.e. Do you have a physical or mental impairment which has a substantial and long term adverse effect on your ability to carry out normal day to day activities.  
 YES 🞏 \* NO 🞏  
  
\*If yes, please state briefly the nature of your disability

**6. AGE**Under 18 🞏  
19-24 🞏  
25-34 🞏  
35-44 🞏  
45-54 🞏  
55-64 🞏  
65+ 🞏  
Prefer not to say🞏

**Thank you**