**APPLICATION FORM**

**Please read these notes carefully before you complete the application form.**

**Thank you for expressing interest in the post of Development Officer within Lincolnshire Community Healthcare Chaplaincy which is part of Lincolnshire Methodist District. These notes are intended to help you complete the application form. Please read them carefully before you start to fill in the form.** **We look forward to receiving your application.**

* You should also have a copy of the job description, person specification and background information. These documents describe to you what the job will involve and what we need from the person who is appointed. Think carefully about the information in the job description and person specification, and consider what experience you have that would equip you for this post.
* We are inviting you to give us information that will allow us to assess how closely you meet the requirements of the person specification. You may draw on all aspects of your life: education, employment, voluntary work, church, interests, and home life, for example.
* Do not think you have to fill in all the space below each question. You may find you wish to answer one question more fully than another. You may expand the boxes if you need to write more than the form provides space for.
* Try to provide evidence or give examples of how you can meet the requirements of the job description and the person specification.
* Your personal information will be removed and will not be submitted to the interviewing panel.
* Our policy on references is that we cannot accept references from relatives or members of the family. At least one referee must be your line manager from your most recent employment and one should be your current church leader (where applicable).
* Please send this form by email to [pa@lincolnshiremethodist.org.uk](mailto:pa@lincolnshiremethodist.org.uk)

**Data protection statement**

* *The information that you provide on this form will be used to process your application for employment. We process this information in line with our privacy policy* [*https://www.tmcp.org.uk/about/data-protection/managing-trustees-privacy-notice*](https://www.tmcp.org.uk/about/data-protection/managing-trustees-privacy-notice)
* *If you succeed in your application for employment, the information will be used in the administration of your employment with us.*
* *By signing this application form we will be assuming that you agree to the processing of your personal data (as described above), in accordance with our privacy policy* [*https://www.tmcp.org.uk/about/data-protection/managing-trustees-privacy-notice*](https://www.tmcp.org.uk/about/data-protection/managing-trustees-privacy-notice)

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| **1. PERSONAL DETAILS – CONFIDENTIAL** | | |
| **This will be held by the Lincolnshire Methodist District before circulating the application form for shortlisting. Items marked with \* must be completed.** | | |
| Post applied for: | LCHC Development Officer | |
| Where did you hear about the post? |  | |
|  |  | |
| **Title:** |  | |
| **Surname:** (Block letters) |  | |
| First names: |  | |
| **Address:** (Block letters) |  | |
|  | |
|  | |
| **Post Code:** |  | |
| **Telephone number:** | Home: |  |
| Daytime: |  |
| Mobile: |  |
| **E-mail address:** |  | |
| **National Insurance Number:** |  | |
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| **WORK PERMIT\*:** Please be aware that under Sections 15 to 25 of the Immigration, Asylum and Nationality Act 2006 ([Immigration, Asylum and Nationality Act 2006 (legislation.gov.uk)](https://www.legislation.gov.uk/ukpga/2006/13/crossheading/employment), it is a criminal offence to employ anyone who is not entitled to live or work in the United Kingdom. Applicants will be asked to provide proof of their employable status before Lincolnshire Methodist District can confirm any offer of appointment e.g. Passport or birth certificate.  Are there any restrictions on your right to work in the UK? Yes  No  If yes, please state restrictions and the expiry date of any permissions. | | |
| The amendments to the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (2013 and 2020) provides that when applying for certain jobs and activities, certain convictions and cautions are considered ‘protected’. This means that they do not need to be disclosed to employers, and if they are disclosed, employers cannot take them into account. Guidance about whether a conviction or caution should be disclosed can be found on the Ministry of Justice website.Do you have any Criminal Convictions not “spent” under the Rehabilitation of Offenders Act 1974?  Yes  NoIf yes, please supply further details: | | |



**APPLICATION FORM**

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| Applicant To Complete | |
| **FULL NAME** |  |
| **POST TITLE** | LCHC Development Officer |
| **Methodist DISTRICT** | Lincolnshire Methodist District |
| **Closing Date** | Friday 17th October at 12 noon |
| **Interview date** | Thursday 23rd October in Lincoln |
| **Please return the completed form by email to:** | Lincolnshire Methodist District PA@lincolnshiremethodist.org.uk |

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| **For Office Use Only** | |
| **Date Received** |  |
| **Application No** |  |
| **Special needs at Interview** |  |
| **Shortlisted** | Yes  No |
| **Appointed** | Yes  No |

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| 1. **EMPLOYMENT HISTORY**   List all employers starting with your present or most recent first. Please account for any gaps in employment. | | | |
| **Name and Address of Employer** | **Position Held and Brief Description of Duties** | **From To**  **Month/Year** | **Reason for Leaving** |
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| Please note here any employment that you would continue with if you were successful in obtaining this role. |
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| 1. **EDUCATION AND TRAINING**   Please look at the **Essential** **and** **Desirable** requirements in the Person Specification and list details of any **Education and Training**, which you consider to be relevant. Please be precise about awarding bodies, grades, types of membership and dates. | | |
| **Qualification** | **Date Obtained** | **Grade and Membership Number (if applicable)** |
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| **3. Proven Abilities**  Please use this section to demonstrate how you feel you meet the **Essential and Desirable** requirements of the Proven Abilities section of the Person Specification. |
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| **4. Special Knowledge & Skills**  Please use this section to demonstrate how you feel you meet the **Essential and Desirable** requirements of the Special Knowledge and Skills section of the Person Specification. |
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| **5. Any Other Requirements**  Please use this section to demonstrate how you feel you meet the **Essential and Desirable** requirements of the Any Other Requirements section of the Person Specification. |
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| 1. **Additional Information**   You are welcome to give additional information, which may be entered, in the space below. |
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| 1. **REFERENCES**   Please give the names, postal & email addresses, and telephone numbers of three referees who can broadly represent your professional work and personal interests. This should include your current or most recent employer and may include your church leader if relevant. | |
| **1.** | |
| **Name**: |  |
| **Position**: |  |
| **Organisation**  **Name and Address**: |  |
| **Email**: |  |
| **Telephone**: |  |
| **2.** | |
| **Name:** |  |
| **Position:** |  |
| **Organisation Name and Address:** |  |
| **Email:** |  |
| **Telephone:** |  |
| **3.** | |
| **Name:** |  |
| **Position:** |  |
| **Organisation**  **Name and Address:** |  |
| **Email:** |  |
| **Telephone:** |  |
| It is our practice to approach referees of shortlisted candidates only.  **I give\*/do not give\* my consent to references being sought in conjunction with my application for employment.** \*(delete as appropriate) | |
| 1. I declare that the information contained in this form is true and accurate. I understand that if it is subsequently discovered that any statement is false or misleading, I may be dismissed from employment. I understand that any offer of employment is subject to the Lincolnshire Methodist District being satisfied with the results of relevant checks including references, eligibility to work in the UK, criminal convictions, probationary period and a medical report (in line with the operation of the Equality Act 2010).   Signature:                           Date: | |