# *CONFIDENTIAL*



The Diocese of

Canterbury

THE CHURCH

OF ENGLAND

## APPLICATION FORM

## All Saints Whitstable Children

And Families Minister 20 hours a week

## When you have completed this form, please return it to:

Rev Simon Tillotson, The Vicarage, Church Street, Whitstable, CT5 1PG BY 21st MARCH 2022

Or as an email attachment to simon@teamvicar.org

**The position for which you are applying is subject to an enhanced Disclosure from the Disclosure and Barring Service (DBS)**

**PERSONAL DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | Title  |  |
|  |  |  |  |
| First names |  |
|  |  |
|  |  |
|  |  |
| Address |  |
|  |  |
|  |  |
| Post Code |  |  |  |
|  |  |  |  |
| Home Telephone |  | Mobile telephone |   |
|  |  |
| Email |  |

|  |  |
| --- | --- |
|  |  |
|  |

Education qualifications and names of education establishments – in date order from secondary school onwards

Employment history including any part time work you would wish to continue with if you were successful in obtaining this post

Are you a churchgoer? If so which church have you attended recently? What church work have you been involved in there?

Please give details of previous experience of looking after or working with children, or young people or any specific training undertaken (as relevant to this role) if not already included

In your own words, why are you applying for this post?

Have you undertaken Safeguarding children or vulnerable adults training Yes/No

If so, when and by whom?

|  |
| --- |
|   |

Are you prepared to undertake appropriate further training? Yes/No

*(Note: If you decline to undertake initial or further training, the PCC will be entitled to withdraw your authority to work with children or vulnerable adults.*

**REFERENCES**

Please give the names, addresses, phone numbers and email addresses of two people who know you well and would be willing to provide a personal reference. **NB We will only approach your referees if we offer you the post and you have confirmed your willingness to accept the offer.**

 ***Referee 1***  ***Referee 2***

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  |  |  |
| Address: |   |  |   |
| Email: |  |  |  |
| Tel: |  |  |  |
| Relationship: |  |  |  |

Signature: Date:

*OR Type your name if the application is by email*

***Please see top of this application about how to submit this application form***