

8. Please give evidence or examples that you would work well with our volunteers, providing appropriate and effective supervision.

9. Will you comply with Data Protection legislation insofar as it relates to the running of the parishes?

10. Will you take a CRB check, and comply with diocesan guidelines on the protection of children and vulnerable adults?

11. Will you take a lead role, including attending meetings and negotiating with parish officers and third parties? What experience of this role do you have?

EDUCATION – Secondary Schools, Colleges or Universities attended

| Name | Date | | Examination results and qualifications held |
|------|------|----|---|
| | From | To | |
| | | | |

Please give details of any other education, training or qualifications, together with any experience during your education, relevant to this job application.

PRESENT AND PAST EMPLOYMENT

| Dates (month/year) | | Name and address of employer | Position held with brief description of responsibility and reason for leaving/final salary |
|--------------------|----|------------------------------|--|
| From | To | | |
| | | | |

OTHER INFORMATION

We are offering flexible working hours; are there any periods in the normal working week or year when you would not be available (e.g. school holidays, after 3 p.m.)?

Do you have access to a car you can drive and could use in connection with this job?

YES/NO

Do you hold a clean driver's licence?

YES/NO

Is there anything else you would like us to know about you in support of your application?

HEALTH DECLARATION

1. Have you suffered any serious illness or accidents, or are you receiving any medical treatment that might affect any employment with us? YES/NO

If YES, please give details and dates:

2. Do you have a disability as defined under the Disability Discrimination Act (DDA)?

YES/NO

If YES, please give details:

If YES, please also give details of any reasonable working adjustments that would need to be made to accommodate your disability:

(Please be advised that any employee or potential employee may be required to attend a medical examination/health assessment.)

REFERENCES

Please give name, address and occupation of three people from whom we may obtain character and work experience references including one from your current employers if applicable. (Please indicate if we should NOT approach any of these immediately.)

| Name | Postal address, email and phone | Occupation and in what capacity they know you |
|------|---------------------------------|---|
| | | |

DECLARATION

The details described in this application and any supporting information is, to the best of my knowledge, true and complete and I have not knowingly withheld any material fact. I understand that giving false or misleading information may later render me liable to summary dismissal if I take employment.

I am prepared to submit to a medical examination by an independent doctor instructed by the Eaton Parishes Group Council.

I also understand that the Eaton Parishes Group Council is permitted to hold personal information about me as identified on this application form as part of its personnel records and may disclose such information to third parties as part of the recruitment process. This applies to information held, used or disclosed in any medium.

SIGNATURE: **DATE:**

Please return this application form by 13 March 2010

- either by email to: office@eatonparish.com
- or by post to: Mrs C Canning, Eaton Parishes Office, 41 Church Lane, Norwich NR4 6NW