

The Wonder of Wellbeing Gower,

Gower Ministry Area

Faith & Wellbeing Guide

application form

(e-version)

**All applicants are required to complete this designated application form.**

You must ensure that you complete **all** sections of the form and not leave any gaps.

If you would like to provide further information that is relevant to your application, please submit as a separate document attachment.

Electronic submissions are preferred.

**Completed applications to be returned to** **gower.maa@churchinwales.org.uk** **or**

**Gower Ministry Area Office, St Hilary’s Church Hall,**

**462 Gower Rd, Killay, Swansea SA2 7DZ**

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| Gower Ministry Area |



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| Position applied for: | Wellbeing Chaplain |

**PERSONAL DETAILS**

|  |  |
| --- | --- |
| Title: | **Click or tap here to enter text.** |
| First Name: | **Click or tap here to enter text.** |
| Initials: | Click or tap here to enter text. |
| Surname: | Click or tap here to enter text. |
| Address:*(incl. Post Code)* |

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| Click or tap here to enter text. |
| Click or tap here to enter text. |
| Click or tap here to enter text. |
| Click or tap here to enter text. |

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| Telephone Number (Home): | Click or tap here to enter text. |
| Telephone Number (Mobile): | Click or tap here to enter text. |
| Telephone Number (Work):  | Click or tap here to enter text. |
| Email address: | Click or tap here to enter text. |

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| How did you find out about the vacancy? | Click or tap here to enter text. |

**EDUCATION**

Successful applicants will be required to verify their qualifications on appointment.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Secondary School/College/University | Full or Part Time | Date From | Date To | Qualification Attained | Grade |
| Click or tap here to enter text. | Select here. | Click or tap to enter a date. | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Select here. | Click or tap to enter a date. | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Select here.. | Click or tap to enter a date. | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. |

**TRAINING**

Please list below **relevant** job-related training that you have undertaken, including short courses.

|  |  |  |
| --- | --- | --- |
| Course Title | Date | Organisation / Qualification(as appropriate) |
| Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. |

Please give details of membership of any technical or professional bodies that are relevant to your work.

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| Click or tap here to enter text. |

**RECENT EMPLOYMENT HISTORY**

Please provide details of your most recent employment; this may be paid or unpaid.

|  |  |
| --- | --- |
| Name of Employer: | Click or tap here to enter text. |
| Address:*(incl. Post Code)* |

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| Click or tap here to enter text. |
| Click or tap here to enter text. |
| Click or tap here to enter text. |
| Click or tap here to enter text. |

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| Telephone Number: | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Job Title: | Click or tap here to enter text. |
| Salary: | Click or tap here to enter text. | Contracted Hours: | Click or tap here to enter text. |

Please provide a brief description of the role and your main duties:

|  |
| --- |
| Click or tap here to enter text. |

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| --- | --- | --- | --- |
| Start date with employer: | Click or tap to enter a date. | Start date in thisrole: | Click or tap to enter a date. |
| Reason for leaving: | Click or tap here to enter text. | Leaving date/Period of notice required: | Click or tap here to enter text. |

**PREVIOUS EMPLOYMENT HISTORY** (In reverse chronological order)

Please include any unpaid or voluntary work which you may have undertaken and an explanation of any gaps in your employment history. Any dismissal or redundancy must be clearly stated.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employer | Job Title and Main Duties | Dates of Employment | Contracted Hours | Reason for Leaving |
| Click or tap here to enter text. | Click or tap here to enter text. | From:Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. |
|  |  | To:Click or tap to enter a date. |  |  |
| Click or tap here to enter text. | Click or tap here to enter text. | From:Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. |
|  |  | To:Click or tap to enter a date. |  |  |
| Click or tap here to enter text. | Click or tap here to enter text. | From:Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. |
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| Click or tap here to enter text. | Click or tap here to enter text. | From:Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. |
|  |  | To:Click or tap to enter a date. |  |  |

Please continue on an additional sheet if necessary.

**SUPPORTING INFORMATION**

Please state why you have applied for this post and why you feel you are a strong candidate. **You should refer to the job description in answering this question, demonstrating by providing examples of how your skills, knowledge and previous experience are relevant to this post and how they meet the criteria listed on the person specification.**

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| Click or tap here to enter text. |

You may also wish to outline personal achievements, whether in paid employment or elsewhere, to demonstrate your personal qualities or interests.

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| Click or tap here to enter text. |

Please continue on an additional sheet if necessary.

**TRAVEL**

|  |  |  |  |
| --- | --- | --- | --- |
| Do you have a current driving licence? | Select here. | Do you have access to, and use of, a vehicle? | Select here. |

**REFERENCES**

Gower Ministry Area will take up references for the successful applicant. Please provide the name and address of two referees from whom we may seek information regarding your suitability for employment. **One of these must be your current or most recent employer.**

If you do not have two previous employers then you may provide a personal reference, but these **may not be from family or close friends**.

|  |  |
| --- | --- |
| Contact Name: | Click or tap here to enter text. |
| Job Title: | Click or tap here to enter text. |
| Organisation Name: | Click or tap here to enter text. |
| Address:*(inc. Post Code)* |

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| Click or tap here to enter text. |
| Click or tap here to enter text. |
| Click or tap here to enter text. |
| Click or tap here to enter text. |

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| Telephone number: | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. |

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| --- | --- |
| How do you know this person? | Click or tap here to enter text. |
| May we approach for reference immediately? | Select here. |

|  |  |
| --- | --- |
| Contact Name: | Click or tap here to enter text. |
| Job Title: | Click or tap here to enter text. |
| Organisation Name: | Click or tap here to enter text. |
| Address:*(inc. Post Code)* |

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| Click or tap here to enter text. |
| Click or tap here to enter text. |
| Click or tap here to enter text. |
| Click or tap here to enter text. |

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| Telephone number: | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. |

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| --- | --- |
| How do you know this person? | Click or tap here to enter text. |
| May we approach for reference immediately? | Select here. |

**RIGHT TO WORK**

Do you have the right to live and work in the UK?

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| YES q NO q  |

**CRIMINAL OFFENCE**

Please provide details of any “unspent” criminal convictions, in accordance with the Rehabilitation of Offenders Act 1974. If none please state “none”.

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| Click or tap here to enter text. |

**CANDIDATE’S RELATED TO MEMBERS OR EMPLOYEES**

Are you related to a member of staff or church member of Gower Ministry Area?

|  |  |
| --- | --- |
| Select here. |  If Yes, please provide details: |

|  |  |
| --- | --- |
| Name: | Click or tap here to enter text. |
| Position: | Click or tap here to enter text. |
| Relationship: | Click or tap here to enter text. |

**DISABILITY**

The Disability Discrimination Act 1995 defines a “disabled person” as a person with “a physical or mental impairment which has a substantial and long-term adverse effect on his (or her) ability to carry out normal day-to-day activities”.

Please provide information of any disability including what, if any, adjustments will be necessary to assist you in applying for this position?

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| Click or tap here to enter text. |

**DECLARATION**

I confirm that the information supplied by me, in application for this position, is a true, accurate and factual representation. I understand that if any statements are found to be untrue, inaccurate, or misleading in any way, any offer of employment will be withdrawn, or my employment terminated.

If the information supplied has been provided electronically, I confirm that I have personally submitted this application.

I am aware the details provided will be held in confidence by Gower Ministry Area to enable them to assess the application and to help monitor their recruitment and selection process in compliance with current Data Protection legislation.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: | Click or tap here to enter text. | Date: | Click or tap to enter a date. |

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