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|  **APPLICATION FOR APPOINTMENT AS**: DIRECTOR OF OPERATIONS  |
| PERSONAL DETAILS |
| SURNAME:(MR/MRS/MISS/MS/REV/DR).................... | FIRST NAMES: |
| ADDRESS: | EMAIL: |
| TELEPHONE NUMBERS: HOME:  WORK: MOBILE:  |
|  EDUCATION, QUALIFICATIONS AND MEMBERSHIP OF PROFESSIONAL BODIES |
| School, College, University | Dates  | Courses and Examinations taken with results |
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|  **EMPLOYMENT HISTORY** |
| Please give details of all employment, including relevant volunteer work. List the information in order, most recent position first. Please continue on another sheet if necessary. |
| Name and address of present or most recent employer | Dates | Position held | Current or most recent salary and benefits |
|  |  |  |  |
| Previous Employment | Dates | Position held |  Salary & Benefits |
|  |  |  |  |

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| EXPERIENCE |
| Please tell us why you are applying and give examples of how your gifts, skills and experiences make you particularly suited to this role. Please continue on another sheet if necessary. |
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| COMMENT |
| In 500 words or less, please summarise your passion for the ministry of church operations and any values that underpin your approach to it. |
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| If you have a disability, please tell us about any adjustments we may need to make to assist you at interview. |
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This post is subject to enhanced DBS Disclosure. Please complete and return the self-disclosure form with this application.

Please give details of 2 referees (they will be contacted before interview. If this is not appropriate please let us know):

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| **REFEREE:** Name…………………………………………………..……. Tel:……………………………..Address……………………………………………………………… Post Code……………………Email………………………………………………………………………………………………………... |
| **REFEREE:** Name…………………………………………………..……. Tel:……………………………..Address………………………………………………………………… Post Code…………………Email………………………………………………………………………………………………………... |
| I can confirm that to the best of my knowledge the above information is correct. I accept that providing deliberately false information could result in my dismissal.Signed……………………………………………………………… Date…………………………….. |

Please return this form to: Mike Norris, Rector

via post: St Saviour’s Church, Woodbridge Road, Guildford, GU1 4QD

via email: mike.norris@st-saviours.org.uk