**Job Application Form**

**Coventry Diocesan Board of Education**

**The Benn Education Centre**

**Craven Road**

**Rugby**

**CV21 3JZ**

Please note that the completed form should be submitted via email to:

**cassandra.sutcliffe@coventrydbe.org**

This form should be used to apply for a job and contains important information which will be used to assess your application for the role as well as confirming your employment and personal details. Therefore you should ensure it is accurately completed, and that you have clearly demonstrated how you meet the requirements of the role. This form must be received prior to the specified closing date.

As an employer we are committed to equal opportunities.

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| DEPUTY DIOCESAN DIRECTOR OF EDUCATION |
| Job title |  |  |
|       |
| Where did you first hear / read about this job? |
|       |
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| Personal Details |
| Full Name\* (title and full legal name is required) |
|       |
| National Insurance Number |  |  |  |
|       |  |  |  |
|  |
| Contact Details |
| Address (please provide full address with postcode) |
|        |
| Home Telephone Number |  | Mobile Phone Number |  |
|       |  |        |  |
| Email Address  |
|        |
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| Employment |
| Provide details of your employment history, starting with your most recent / current employer and working back. Please account for any gaps. Continue on a separate sheet if necessary |
| Employer Name and Address |
|       |
| Job title |  | Salary |
|       |  |        |
| Brief Details of Duties and Responsibilities |
|       |
| Start Date |  | End Date |  | Reason for Leaving |
|       |  |        |  |        |
|  |
| Employer Name and Address |
|       |
| Job title |  | Salary |
|       |  |        |
| Brief Details of Duties and Responsibilities |
|       |
| Start Date |  | End Date |  | Reason for Leaving |
|       |  |        |  |        |
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| Employer Name and Address |
|       |
| Job title |  | Salary |
|       |  |        |
| Brief Details of Duties and Responsibilities |
|       |
| Start Date |  | End Date |  | Reason for Leaving |
|       |  |        |  |        |
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| Education |
| Provide details of your education history, starting with your most recent / current experience and working back. Please account for any gaps. Continue on a separate sheet if necessary. |
| Establishment |
|       |
| Start Date |  | End Date |  | Qualification Type and Level |
|       |  |        |  |        |
|  |
| Establishment |
|       |
| Start Date |  | End Date |  | Qualification Type and Level |
|       |  |        |  |        |
|  |
| Establishment |
|       |
| Start Date |  | End Date |  | Qualification Type and Level |
|       |  |        |  |        |
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| Establishment |
|       |
| Start Date |  | End Date |  | Qualification Type and Level |
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| Establishment |
|       |
| Start Date |  | End Date |  | Qualification Type and Level |
|       |  |        |  |        |
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| Qualifications, Training and Continuing Professional Development (relevant to this post) |
| Continue on a separate sheet if necessary. |
| Type / Level |  | Date Obtained |  | Subject & Result (as appropriate) |
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| References |
| Please give details of two referees, one of whom must be your current or most recent employer and the second someone who is able to comment upon your suitability to work within a Christian organisation. This referee will be asked to comment on your personal faith position. |
| Name |
|       |
| Relationship To You |  | Job Title (if appropriate) |
|       |  |        |
| Address (please provide full address with postcode) |
|        |
| Telephone Number |  | Email Address |
|       |  |        |
| **Can we seek this reference without further consent from you?** [ ]  Yes [ ]  No |
| Name |
|       |
| Relationship To You |  | Job Title (if appropriate) |
|       |  |        |
| Address (please provide full address with postcode) |
|        |
| Telephone Number |  | Email Address |
|       |  |        |
| **Can we seek this reference without further consent from you?** [ ]  Yes [ ]  No |
|  |
| Additional Questions |
| We positively encourage applications from disabled people who have the necessary skills and experience for the job. For disabled people who are able to show they meet the essential requirements for the job, we are pleased to guarantee an interview. If you have a disability, please outline below any reasonable adjustments you require for interview and / or to help you in this job. |
| Do you consider yourself to be disabled? |  | Do you require reasonable adjustments for your interview? |
| [ ]  Yes | [ ]  No |  | [ ]  Yes | [ ]  No |
| Do you have a conviction which is not spent under the Rehabilitation of Offenders Act 1974? If you are applying for a post which requires a Enhanced Disclosure & Barring Service (DBS) Check most convictions remain unspent and you must declare them. The amendments to the Exceptions Order 1975 (2013) provide that certain spent convictions and cautions are 'protected' and are not subject to disclosure to employers , and cannot be taken into account. Guidance and criteria on the filtering of these cautions and convictions can be found on the Disclosure and Barring Service website. |
| [ ]  Yes | [ ]  No |  |  |  |
| If YES to any of the above, please provide details here |
|       |
| Provide details of any memberships you have with any organisation that may be relevant to the job you are applying for. |
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| Further Information |
| In this section you must ensure that you demonstrate fully how you meet each of the criteria set out in the person specification. Continue on a separate sheet if necessary.  |
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| Declaration |
| With this application, I hereby consent to the information in this form being retained for recruitment, selection and employment related purposes only. I declare that all statements I make in this application are true and, to the best of my knowledge and belief, that I have not withheld any relevant information. I understand that if I have made any false statements or omitted any information, I am liable to have my application rejected, or if appointed, liable to be dismissed. |
| Signature\* |  | Date |
|       |  |       |
| \*a signature is not required if this form is emailed from your given email address. |