

1. PERSONAL DETAILS – CONFIDENTIAL

This will be held by the Newlyn Trinity Methodist Church before circulating the application form for shortlisting. Items marked with * must be completed.

Post applied for:

Community Health and Wellbeing Worker

Reference No:

Where did you hear about the post?

Title:

Surname: (Block letters)

First names:

Address: (Block letters)

Post Code:

Telephone number:

Home:

Daytime:

Mobile:

E-mail address:

National Insurance Number:

WORK PERMIT*: Please be aware that under Sections 15 to 25 of the Immigration, Asylum and Nationality Act 2006 ([Immigration, Asylum and Nationality Act 2006 \(legislation.gov.uk\)](http://legislation.gov.uk)), it is a criminal offence to employ anyone who is not entitled to live or work in the United Kingdom. Applicants will be asked to provide proof of their employable status before the [District/Circuit/Church](#) can confirm any offer of appointment e.g. Passport or birth certificate.

Are there any restrictions on your right to work in the UK? Yes No

If yes, please state restrictions and the expiry date of any permissions.

The amendments to the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (2013 and 2020) provides that when applying for certain jobs and activities, certain convictions and cautions are considered 'protected'. This means that they do not need to be disclosed to employers, and if they are disclosed, employers cannot take them into account. Guidance about whether a conviction or caution should be disclosed can be found on the Ministry of Justice website.

Do you have any Criminal Convictions not "spent" under the Rehabilitation of Offenders Act 1974? Yes No

If yes, please supply further details:

EQUAL OPPORTUNITIES:

In order to assist us to monitor and evaluate the delivery of our vision for diversity and equality, we would appreciate it if you will complete the enclosed equality and diversity monitoring form. The information provided will be used for statistical purposes only and your assistance in completing this questionnaire will be appreciated.

APPLICATION FORM

Applicant To Complete	
FULL NAME	
POST TITLE	
METHODIST CHURCH/CIRCUIT	The Centre Newlyn/Newlyn Trinity Methodist Church
CIRCUIT NO. (IF KNOWN)	West Cornwall
DISTRICT	Cornwall
CLOSING DATE	15 January 2025 5pm
Please return the completed form to:	The Centre, Chywoone Hill, Newlyn e-mail: enquiry.thecentrenewlyn@gmail.com

For Office Use Only	
Date Received	
Application No	
Special needs at Interview	
Shortlisted	Yes <input type="checkbox"/> No <input type="checkbox"/>
Appointed	Yes <input type="checkbox"/> No <input type="checkbox"/>

1. EMPLOYMENT HISTORY

List all employers starting with your present or most recent first. Please account for any gaps in employment.

Name and Address of Employer	Position Held	From To Month/Year	Reason for Leaving

Please note here any employment that you would continue with if you were successful in obtaining this role.

2. EDUCATION AND TRAINING

Please look at the **Essential and Desirable** requirements in the Person Specification and list details of any **Education and Training**, which you consider to be relevant. Please be precise about awarding bodies, grades, types of membership and dates.

Qualification	Date Obtained	Grade and Membership Number (if applicable)

3. PROVEN ABILITIES

Please use this section to demonstrate how you feel you meet the **Essential and Desirable** requirements of the Proven Abilities section of the Person Specification.

4. SPECIAL KNOWLEDGE & SKILLS

Please use this section to demonstrate how you feel you meet the **Essential and Desirable** requirements of the Special Knowledge and Skills section of the Person Specification.

5. ANY OTHER REQUIREMENTS

Please use this section to demonstrate how you feel you meet the **Essential and Desirable** requirements of the Any Other Requirements section of the Person Specification.

6. ADDITIONAL INFORMATION

You are welcome to give additional information, which may be entered, in the space below.

7. REFERENCES

Please give the names, postal & email addresses, and telephone numbers of three referees who can broadly represent your professional work and personal interests. This should include your current or most recent employer and may include your minister if relevant.

1.

Name:

Position:

Organisation
Name and Address:

Email:

Telephone:

2.

Name:

Position:

Organisation Name and Address:

Email:

Telephone:

3.

Name:

Position:

Organisation
Name and Address:

Email:

Telephone:

It is our practice to approach referees of shortlisted candidates only.

I give*/do not give* my consent to references being sought in conjunction with my application for employment.

*(delete as appropriate)

8. I declare that the information contained in this form is true and accurate. I understand that if it is subsequently discovered that any statement is false or misleading, I may be dismissed from employment. I understand that any offer of employment is subject to the Newlyn Trinity Methodist Church being satisfied with the results of relevant checks including references, eligibility to work in the UK, criminal convictions, probationary period and a medical report (in line with the operation of the Equality Act 2010).

Signature:

Date:

