# BREC413-vision-branding-RGB.jpg

SWANSEA AND BRECON  
DIOCESAN BOARD OF FINANCE

APPLICATION FORM

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 use additional sheets of paper.

Electronic submissions are preferred, alternatively please complete in **black ink**.



|  |
| --- |
| Diocese of Swansea and Brecon  Esgobaeth Abertawe ac Aberhonddu |

|  |  |
| --- | --- |
| Position applied for: |  |

**PERSONAL DETAILS**

|  |  |
| --- | --- |
| Title: |  |
| First Name: |  |
| Surname: |  |
| Address:  *(incl. Post Code)* | |  | | --- | |  | |  | |  | |  | |
| Telephone Number (Home): |  |
| Telephone Number (Mobile): |  |
| Telephone Number (Work): |  |
| Email address: |  |

|  |  |
| --- | --- |
| How did you find out about the vacancy? |  |

**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 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**TRAINING**

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

|  |  |  |
| --- | --- | --- |
| Course Title | Date | Organisation / Qualification (as appropriate) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

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

|  |
| --- |
|  |

**RECENT EMPLOYMENT HISTORY**

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

|  |  |
| --- | --- |
| Name of Employer: |  |
| Address:  *(incl. Post Code)* | |  | | --- | |  | |  | |  | |  | |
| Telephone Number: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Job Title: |  | | |
| Salary: |  | Contracted Hours: |  |

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

|  |
| --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Start date with employer: |  | Start date in this role: |  |
| Reason for leaving: |  | Leaving date/Period of notice required: |  |

**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 |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

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:

**Please demonstrate 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.**

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

|  |
| --- |
|  |

Please continue on an additional sheet if necessary.

**TRAVEL**

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

**REFERENCES**

The Swansea and Brecon Diocesan Board of Finance 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: |  |
| Job Title: |  |
| Organisation Name: |  |
| Address:  *(inc. Post Code)* | |  | | --- | |  | |  | |  | |  | |
| Telephone number: |  |
| Email: |  |

|  |  |
| --- | --- |
| How do you know this person? |  |
| May we approach for reference immediately? |  |

|  |  |
| --- | --- |
| Contact Name: |  |
| Job Title: |  |
| Organisation Name: |  |
| Address:  *(inc. Post Code)* | |  | | --- | |  | |  | |  | |  | |
| Telephone number: |  |
| Email: |  |

|  |  |
| --- | --- |
| How do you know this person? |  |
| May we approach for reference immediately? |  |

**CRIMINAL OFFENCE**

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

|  |
| --- |
|  |

**CANIDATES RELATED TO MEMBERS OR EMPLOYEES**

Are you related to an Elected Member or Employee of The Swansea and Brecon Diocesan Board of Finance?

|  |  |
| --- | --- |
|  | If Yes, please provide details: |

|  |  |
| --- | --- |
| Name: |  |
| Position: |  |
| Relationship: |  |

**DISABILITY**

The Disability Distrimination 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?

|  |
| --- |
|  |

**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 The Swansea and Brecon Diocesan Board of Finance to enable them to assess the application and to help monitor their recruitment and selection process in compliance with current Data Protection legislation.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Date: |  |

Completed applications to be returned to: [diocese.swanbrec@churchinwales.org.uk](mailto:diocese.swanbrec@churchinwales.org.uk) or

The Swansea & Brecon Diocesan Board of Finance,  
Cathedral Close, Brecon, Powys, LD3 9DP

EQUAL OPPORTUNITIES MONITORING FORM

We are committed to ensuring that all job applicants and members of staff are treated equally, without discrimination because of gender, sexual orientation, marital or civil partner status, gender reassignment, race, colour, nationality, ethnic or national origin, religion or belief, disability or age. This form is intended to help us maintain equal opportunities best practice and identify barriers to workforce equality and diversity.

[Please complete this form and return it with your application. The form will be separated from your application on receipt. The information on this form will be used for monitoring purposes only and will play no part in the recruitment process.]

**All questions are optional. You are not obliged to answer any of these questions but the more information you supply, the more effective our monitoring will be. All information supplied will be treated in the strictest confidence. It will not be placed on your personnel file.**

Thank you for your assistance.

**About the vacancy**

Please state which job you have applied for and the closing date given for applications.

|  |  |
| --- | --- |
| Job applied for: |  |
| Closing date for applications: |  |

Where did you hear about this job (please tick)?

|  |  |  |
| --- | --- | --- |
| Newspaper | Friend | Our Website |
| Job Centre | Recruitment Website *(please specify)*   |  | | --- | |  | | Other *(please specify)*   |  | | --- | |  | |

**Gender**

What is your gender (please tick)?

|  |  |
| --- | --- |
| Male |  |
| Female |  |
| Prefer not to say |  |

(If you are undergoing gender reassignment, please use the gender identity you intend to acquire.)

**Gender identity**

Do you identify as transgender/transsexual?

|  |  |
| --- | --- |
| Yes |  |
| No |  |
| Prefer not to say |  |

**Ethnic group**

How would you describe your nationality and/or ethnicity (please tick)?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **A**  **White:** |  | **B**  **Mixed race:** |  | **C**  **Asian or Asian British:** |  |
| British - English, Scottish or Welsh |  | White and Black Caribbean |  | Indian |  |
| Irish |  | White and Black African |  | Pakistani |  |
| Other White background |  | White and Asian |  | Bangladeshi |  |
|  |  | Other Mixed background |  | Other Asian background |  |
| **D**  **Black or Black British:** |  | **E**  **Chinese and other groups:** |  |  |  |
| Caribbean |  | Chinese |  | Prefer not to say |  |
| African |  | Other ethnic group |  |  |  |
| Other Black background |  |  |  |  |  |

**Age**

What is your age (please tick)?

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 16 – 17 |  | 18 – 21 |  | 22 – 30 |  | 31– 40 |  | 41– 50 |
| 51 – 60 |  | 61 – 65 |  | 66 – 70 |  | 71+ |  | Prefer not to say |

**Sexual orientation**

How would you describe your sexual orientation (please tick)?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Heterosexual/ straight |  | Bisexual |  | Prefer not to say |
| Gay man |  | Gay woman/ lesbian |  |  |

If you are lesbian, gay or bisexual, are you open about your sexual orientation?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | Partially | No |
| At home |  |  |  |
| With colleagues |  |  |  |
| With your manager |  |  |  |
| At work generally |  |  |  |

**Religion or belief**

Please describe your religion or other strongly-held belief.

|  |  |
| --- | --- |
| I would describe my religion or belief as: |  |
| I have no particular religion or belief |  |
| Prefer not to say |  |

**Disability**

The Equality Act 2010 defines a disability as a "physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities". An effect is long-term if it has lasted, or is likely to last, more than 12 months.

Do you consider that you have a disability under the Equality Act (please tick)?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | |  | No |
| Used to have a disability but have now recovered | |  | Don't know |
| Prefer not to say |  | | |

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