** Parish of St Wilfrid’s, Cowplain**

***Our vision for St Wilfrid’s is to be a vibrant, welcoming and consistently growing church that is seen by our community to be at its heart.***

**Application form for Verger**

**Closing date for Applications: Sunday 12th January 2025**

Please complete this form electronically and return to St. Wilfrid’s Parish Office, Padnell Road, PO8 8DZ or by email to vicar@stwilfrids.org.uk.

Once your application has been received, you will receive a confirmation email.

*Please complete this form as fully as you can, and enlarge any text boxes as necessary. If you have any questions or queries, please do not hesitate to contact us on 023 9226 2544.*

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| Post applied for: | verger |
| Where did you see the post advertised? |  |

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| --- |
| Personal Details |
| Title |  |
| Surname |  |
| Forename(s) |  |
| Address |  |
| Work tel. no. |  |
| Home tel. no.  |  |
| Mobile tel. no. |  |
| Email |  |

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| --- |
| Current (or most recent) employment |
| Post (and current salary) |  |
| Employer |  |
| Date from/to |  |
| Summary of responsibilities |  |

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| --- |
| Previous Posts (Most recent first)  |
| **Employer** | **Post** | **From**  | **To** | **Summary of responsibilities and reason for leaving** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

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| Education and Qualification (Most recent first)  |
| **School / college / university** | **From**  | **To** | **Qualifications (level and grade)** |
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| Relevant ExperiencePlease outline the experience and skills that you feel you would bring to this role |
|  |
| Courses and training attended which are relevant to this role |  |
| Additional Questions |
| If successful, what is the earliest date that you could start the job? |  |
| Are you free to remain and work in the UK with no current immigration restrictions? |  |

The Equality Act 2010 protects people with disabilities from unlawful discrimination. To meet the Act’s definition, a person must have a physical or mental impairment, which has substantial long-term effects on their ability to carry out normal day-to-day activities and which has lasted, or is likely to last more than 12 months. Should you be shortlisted for interview we will make adjustments or special arrangements, if required, to facilitate your attendance at the interview.

|  |  |  |
| --- | --- | --- |
| Do you have a disability you wish us to know about at this stage? | **Yes** |  |
| **No** |  |
| If yes, please let us know what access requirements you may have. |  |

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| Referees Please supply the names and address of two referees. If you are currently an employee, one of your referees must be your employer.  |
| 1 | Name |  |
| Position |  |
| Address |  |
| Tel. No. |  |
| Email |  |
| May we approach before interview? Yes/No |
| 2 | Name |  |
| Position |  |
| Address |  |
| Tel. No. |  |
| Email |  |
| May we approach before interview? Yes/No |