** 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 organist**

**Closing date for Applications: Tuesday 25th February 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.*

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

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 Experience  Please 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. |  | | |

|  |  |  |
| --- | --- | --- |
| 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 | | |

|  |  |
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| The Church of England is committed to the safeguarding, care and nurture of everyone within our church community. In the Diocese of Portsmouth, we follow and are committed to the Church of England's House of Bishops’ Safeguarding Policies and the relevant statutory legislation and guidance "Working together" to ensure the welfare of children and young people is paramount.  Recruitment for any role involving direct contact with children or vulnerable adults will be subject to the guidelines outlined in the Church of England’s Safer Recruitment & People Management practice guidance including a DBS check where a role is eligible.  Where appropriate, completion of the relevant Church of England safeguarding training may be required as part of the probation period for successful applicants. | |
| Declaration | |
| I declare that the statements made by me in this application are true and that the accuracy thereof shall be a condition of any contract of employment offered to me by the PCC of St Wilfrid’s Cowplain. | |
| Signature of Applicant |  |
| Date |  |

*The information you have provided will be held securely for the duration of the application process. Unsuccessful applicants’ information will be destroyed.*