

**JOB APPLICATION FORM**

Please complete this form and send together with your CV to Andrew Wingfield at the address below or by email to andrew@unionbaptist.org.uk who can be contacted with any queries. All information given will be treated with the strictest confidence. Continuation sheets may be added if necessary.

**POSITION APPLIED FOR: Children and Young Families Worker**

**1. PERSONAL DETAILS**

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| **Surname:**  | **Telephone number (Home):**  |
| **Forenames:**  | **Telephone number (Mobile):**  |
| **Postal Address:**  | **E-mail Address:**  |
| **Postcode:**  | **How did you hear about this position?** |

**2. Why are you applying for this position?**

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**3. What excites you about Union Baptist Church and its vision and mission?**

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**4. What skills, qualities and experience will you bring to the position?**

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**5. Which aspects of the job description are you the least confident about undertaking?**

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**6. What training do you think you would need to undertake the position?**

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**7. Please describe your journey to faith, subsequent growth as a Christian and how your faith has impacted your life?**

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**8. What experience have you had in leading teams?**

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**9. Please describe an experience you have had of initiating or leading something in children’s ministry. How did you overcome challenges that you encountered and what did you learn from the experience?**

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**10. Give an example of how you have recently used creative ways to teach a Biblical message in a relevant way to children?**

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**11. Give an example of how you have communicated the gospel with children or families who don’t know Jesus?**

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**12. REFEREES**

Please list the details of two persons who are willing to provide references for you. They should be persons who know you (but who are not members of your family) and who are qualified to give an opinion about how you are suitable for the post. Please note that we will not contact your current employer for a reference unless we have your permission and we are prepared to offer the post to you.

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| Name:  | Name:  |
| Address:  | Address:  |
| E-mail:  | E-mail:  |
| Telephone No.:  | Telephone No.:  |
| How do you know them and for how long: | How do you know them and for how long:  |

**13. SPECIAL REQUIREMENTS**

Do you consider yourself to have a disability? YES 🞏 NO 🞏

Please tell us if there are any ‘reasonable adjustments’ we can make to assist you in your application or with our recruitment process

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**14. VERIFICATION OF INFORMATION
Please confirm that the information given above is true, complete and accurate by signing below**

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| Signature: ………………………………………..…Date……………….. |