Shape, logo, company name

Description automatically generated **Application Form**

**Director of Music**

**St Alfege Church Greenwich**

Please attach a covering letter which explains what attracts you to this post and highlights those aspects of your experience that strengthen your application.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Application Details | | | | |
| Date of application | |  | | |
| Where did you see the position advertised? | |  | | |
| Personal Details | | | | |
| Title | |  | | |
| Forename | |  | | |
| Surname | |  | | |
| Former name(s)  If applicable | |  | | |
| Date of birth | |  | | |
| Nationality | |  | | |
| National Insurance Number | |  | | |
| Home address | |  | | |
| Postcode | |  | | |
| Telephone numbers | | Home:  Mobile: | | |
| Email address | |  | | |
| How long have you lived at the above address? | |  | | |
| If less than 12 months, please give your previous address. | |  | | |
| How long did you live there? | |  | | |
| Education and Qualifications | | | | |
| From/To | Institution | | Award (e.g., GCSE, A level, degree, etc) | Result (e.g., grade, degree class, etc) |
|  |  | |  |  |
| Do you have any convictions that are not spent under the Rehabilitation of Offenders Act 1974? YES/NO (delete as applicable) | | | | |
| If “Yes”, please give details | |  | | |
| Health — any offer of employment will be conditional upon confirmation of your medical suitability for employment. Are you in good health? YES/NO (delete as applicable) | | | | |
| If “No”, please give details | |  | | |
| Number of days sickness absence in the last two years: | | | | |
| Are you involved in any activity which might limit your availability to work or which might limit your working hours? (e.g., local government) YES/NO (delete as applicable) | | | | |
| If “Yes”, please give details | |  | | |
| Have you ever worked at St Alfege Greenwich before? YES/NO (delete as applicable) | | | | |
| If “Yes”, please give details | |  | | |
| Are you related to any person(s) employed by St Alfege Greenwich?  YES/NO (delete as applicable) | | | | |
| If “Yes”, please give details | |  | | |
| Do you require a work permit to take up employment in the UK?  YES/NO (delete as applicable) | | | | |
| If “Yes”, please give details | | | | |
| If you are not a UK citizen, does any endorsement on your passport restrict your time or employment in the UK? YES/NO (delete as applicable) | | | | |
| If “Yes”, please give details | |  | | |
| Employment Experience starting with most recent | | | | |
| 1. Place of employment | |  | | |
| Present/final salary | |  | | |
| Position held | |  | | |
| Notice period | |  | | |
| Employment dates | |  | | |
| Nature of duties | |  | | |
| Reason for leaving | |  | | |
| 2. Place of employment | |  | | |
| Position held | |  | | |
| Employment dates | |  | | |
| Description of duties and responsibilities | |  | | |
| Reason for leaving | |  | | |
| Other places of employment | | Please list below (with dates) any other places where you have been employed. | | |
| Dates | |  | | |
| Personal interests and achievements | | | | |
|  | | | | |
| Any voluntary experience that may be relevant | | | | |
|  | | | | |
| What attracts you to working at St Alfege Church? | | | | |
|  | | | | |
| Why do you think you are suited to this vacancy? | | | | |
|  | | | | |
| When would you be available to start? | |  | | |
| REFERENCES: We are required, as part of the Church of England Safer Recruitment practice, to request two references. Please give the names of two people who would be able to provide a reference. One of these should be your current employer if applicable.  NB. Family members and anyone who worships regularly at St Alfege Church may not give references.  Reference 1 specific to your current or last employment where relevant | | | | |
| Name | |  | | |
| Position | |  | | |
| Address | |  | | |
| Telephone numbers | |  | | |
| Email address | |  | | |
| How does this person know you? | |  | | |
| How long has this person known you? | |  | | |
| Reference 2 | | | | |
| Name | |  | | |
| Position | |  | | |
| Address | |  | | |
| Telephone numbers | |  | | |
| Email address | |  | | |
| How does this person know you? | |  | | |
| How long has this person known you? | |  | | |
| Declaration  I certify that the information I have given on this application form is accurate and correct to the best of my knowledge. I authorise St Alfege Church to obtain references to support this application once an offer of an interview has been made and accepted. I understand that the supply of inaccurate or incorrect information, or omission of any material information from this application form, may result in the withdrawal of any offer of employment, or termination of employment. | | | | |
| Signature | | | | |
| Date | | | | |
| On completion, please send this form to The Revd Simon Winn, via email to [office@st-alfege.org.uk](about:blank)  Subject line: “Director of Music Application”  Closing date for applications, Wednesday 30th April 2025, 12 noon (UK Time) | | | | |
| For office use only  Application form evaluated by:  Date:  Comments: | | | | |