

APPLICANT DETAILS

Title		First Name		Surname	
Address					
Town			Postcode		
Home telephone			Mobile no		
Email address					
Occupation					
IF NECESSARY, PLEASE USE A SEPARATE SHEET TO ANSWER QUESTIONS MORE FULLY					
1. What attracts you to this post?					
2. Christian experience					
Understanding and sharing Quiet Waters vision, passion, Christian ethos and values is a requirement for this post to enable the successful candidate to fully engage with the Quiet Waters team and faithfully represent Quiet Waters to local churches, health professionals, voluntary agencies and the general public.					
Please comment on your own faith, passion and values and how these would inform your work and support Quiet Waters mission.					
Name of church you attend (if any):					
Name of Minister/Pastor/Leader:					
3. What constraints are on your time? Days/times of day (including evenings) you would NOT be available					
4. Do you have a health problem or disability that may require specialised support or facilities to enable you to fulfil the requirements of this post?					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	
5. Please outline any relevant training/skills and/or experience, both paid employment and voluntary work may be relevant.	
6. What concerns, if any, do you have about working with Quiet Waters in this position?	
7. Do you have a health problem or disability that may require specialised support or facilities to enable you to fulfil the requirements of this post?	YES/NO
8. When can you start work for Quiet Waters?	

REFERENCES			
Please give names and emails of 2 people, other than your present employer or relatives, with whom you have discussed this application and who we can approach now for references. No approach will be made to your present or previous employers before an offer of employment is made.			
Referee 1		Referee 2	
Title	Rev/Doc/Mr/Mrs	Title	Rev/Doc/Mr/Mrs
Name		Name	
Address		Address	
Postcode		Postcode	
We prefer to contact referees by e-mail where possible. Please give e-mail address(s) if known			
Email		Email	
Phone Number		Phone Number	

I confirm that to the best of my knowledge the information I have provided on this form is correct and I accept that providing deliberately false information could result in my dismissal.

Signed: _____

Date: _____