

CONFIDENTIAL



DEVELOPMENT OFFICER APPLICATION FORM

1. APPLICANT'S PERSONAL DETAILS

1.1

1.1.1 Title:

1.1.2 Surname:

1.1.3 First Name(s):

1.1.4 Known as (if applicable):

1.1.5 Any former name(s):

1.1.6 Address:

1.1.7 Telephone numbers:

Home:

Mobile:

Work:

1.1.8 Email Address:

1.2 How do you prefer to be contacted?

2. DETAILS OF APPLICANT'S PRESENT EMPLOYMENT

2.1 Are you presently employed? Yes: ☐ No: ☐

If no, please proceed to the next section.

2.2 Details of Present Post

2.2.1 Role:

At

2.2.2 Address:

2.2.3 Telephone No.:

2.2.4 Archdiocese/Diocese:

2.2.5 Permanent: ☐ Temporary: ☐

2.2.6 Full time: ☐ Part time: ☐ Job share: ☐

2.2.7 Date of Appointment:

2.2.8.1 Notice Required:

2.2.8.2 If notice already given, date it is due to expire:

2.2.9 Description of key duties/responsibilities:

3. APPLICANT'S EMPLOYMENT HISTORY AND PROFESSIONAL EXPERIENCE

3.1 Please complete in chronological order, starting with the most recent:

Post Held	Employer/Location (Please include full name and address of school if applicable)	Responsibilities	Dates Month/ Year	Reason for Leaving
			From - To	
			-	
			-	
			-	
			-	
			-	
			-	
			-	

3.2 If there are any periods of time that have not been accounted for in your application, for instance, periods spent raising a family or of extended travel, please give details of them here with dates. The information provided in this form must provide a complete chronology from the age of 16 – please ensure that there are no gaps in the history of your education, employment and other experience. Failure to provide a full account may lead to your application being rejected.

Dates (from – to)	Activity
-	
-	
-	
-	

4. POST-11 EDUCATION AND TRAINING

4.1 Please complete in chronological order, **starting with the most recent**

Full name and address of establishment	Full time or part time	Dates Attended	Date of Award	Awarding Body & Registration No. (if known)	Award
		Month/Year From - To			
		-			
		-			
		-			
		-			
		-			
		-			
		-			

4.2 Continued Professional Development

Please list any courses you have completed and/or any professional development in which you have been involved in the past 3 years which you consider relevant to this post.

Course Title	Course Provider	Length of Course	Dates From - To	Award/Grade received (if applicable)
			-	
			-	
			-	

4.3 Safeguarding Training

Date of most recent safeguarding training, if relevant:

5. PROFESSIONAL MEMBERSHIPS

Please list any relevant professional bodies of which you are a member:

6. INTERESTS AND HOBBIES

Please list your interests and hobbies outside of work:

7. SUPPORTING STATEMENT

Please provide a written statement of **no more than 1,300 words** detailing why you believe your experience, skills, personal qualities, training and/or education are relevant to your suitability for the post advertised and how you meet the person specification applicable to the post.

8. REFERENCES

8.1

A referee who is a current or former employer should have full access to the applicant's personnel records, to the extent that this is achievable in compliance with the General Data Protection Regulation.

Referee One (Present Employer):

Name:

Address:

Role:

Telephone:

Email:

Referee Two):

Name:

Address:

Role (if applicable):

Telephone:

Email:

Relationship to referee:

9. DECLARATION

If you know that any of the information that you have given in this application form is false or if you have knowingly omitted or concealed any relevant fact about your eligibility for employment which comes to our attention then your application may be withdrawn from the recruitment process.

By signing below I hereby certify that all the information given by me both on this form and in any supplementary pages and/or the supporting evidence provided, is correct to the best of my knowledge and belief, that all the questions relating to me have been accurately and fully answered and that I possess all the qualifications that I claim to hold.

I acknowledge that it is my responsibility as the applicant, if invited for interview, to disclose information to the panel which may affect my suitability and/or eligibility to work with children and/or vulnerable adults

Signature:

Date:

Additional Pages

Name: