

**Durham and Newcastle Diocesan Learning Trust**

**Application Form**
(Please use additional pages where appropriate)

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| Surname: (CAPITALS) | Title: | Other names in full: |
| Permanent address:Email address: | Home telephone no:Office telephone no:Mobile telephone no: |
| **Present and Previous Employment**Please provide details of your employment history beginning with your most recent or current role  |
| Dates  | Name and address of  | Position held | Brief description | Reasons for |
| From | To | Employer |  | of responsibilities | leaving |
|   |  |  |  |  |

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| --- |
| Current Salary per annum £ |
| Describe your present appointment in terms of its responsibilities and relationships: |
| Leisure interests, hobbies etc.: |
| Any other information which you wish to give: |
| **References may be taken up before interview in the strictest confidence for short-listed candidates unless you indicate otherwise below.** Please give the name, full address and email address of your current Manager, from whom references can be requested. |
| **Reference 1:**Your connection or relationship with this person:Name:Address:Email: | **Reference 2:**Your connection or relationship with this person:Name:Address:Email: |
| Present Employer:Name:Address:Email address: |
| If appointed, when would you be available to take up the post? Where did you see this vacancy advertised? If you saw the advert on the internet, please specify which website. |
| **Eligibility to work in the UK:**Are you a British subject or a national of any EU country? If not, do you have the right to work in the UK and a current work permit? If so, please state the expiry date of your right to work in the UK and/or your work permit:  |
| Your Personal data will be collected and processed in line with our Data Protection Policy . [GDPR\_Data\_Protection\_Policy\_May\_2020.pdf (durhamdmat.co.uk)](https://www.durhamdmat.co.uk/docs/GDPR_Data_Protection_Policy_May_2020.pdf) Please note that any appointment would be subject to a satisfactory DBS check. **To the best of my knowledge and belief, the information supplied by me on this form is correct.** |
| Signed:  | Date: |
| Please return the completed application form by 12 noon on Friday 9th April 2021 to:**NAME** Eileen Bell**JOB TITLE** Bursar**ADDRESS** Church House, St John’s Terrace, North Shields NE29 6HS**EMAIL** eileen.bell@drmnewcanglican.org |  |