

**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](mailto:eileen.bell@drmnewcanglican.org) | |  |