# St James Discipleship Year - Application Form

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| ***Please return form to*** ***office@stjam.es***Surname (in capitals) Forename(s) Previous/other Surnames used Preferred title Mr  Mrs  Ms  Miss  Other (Please state)Home Address: Post Code: Email address:Tel (Home): (Mobile): |
| **EDUCATION/TRAINING****Please list your educational history; overseas qualifications should be included in this section.***(Evidence of your qualifications may be required at interview.)* |
| School/College (Secondary, Further) | From | To | Qualifications/ Grade | Date obtained |
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| **Please list any specialist training courses you have attended might be relevant to this placement***(Eg Skills leadership, First Aid, Child Protection, Food hygiene etc)* |
| **EMPLOYMENT****Present Job** (or most recent job if you are currently unemployed) |
| Start Date | Finish dateor notice required | Name of Employer and Address | Grade/Salary | Position held |
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| **Please describe the duties and responsibilities of your present job showing your position within the organisation.** |
| **Previous Jobs** (most recent first) |
| DatesFrom/To | Name and Addressof Employer | Job Title | Grade/ Salary | Reasons for leaving |
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| **EXPERIENCE**1. Please describe how what skills, experience and personal qualities you feel you would bring to the Discipleship year?
2. Please give details of any relevant leisure interests, skills or community work which might be helpful for the Discipleship Year. This might include music, drama, sport, craft, IT, photographic or other skills.
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| **FAITH**C) Please explain why you wish to apply for this Discipleship Year. |
| D) Please describe your journey of faith, including current place of worship and level of involvement.  |
| **REFERENCES****Name and Address of References**Please give the names of three specified referees who can comment on your suitability for the placement. References will always be taken, and may be requested before your interview. |

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| **Referee 1** – Senior Church Leader Name ……………………………………….….……. Address …………………………………….…….….……………………………………………………..…. Post Code ………………………………..…….……. Telephone No: ………………………….…….……… Email: ………………………….…….…….............… Capacity in which known ………….……………….. | **Referee 2 – Educational** (University tutor/lecturer, School Principal/Head of Department) orName ……………………………………….….……. Address …………………………………….…….….……………………………………………………..…. Post Code ………………………………..…….……. Telephone No: ………………………….…….……… Email: ………………………….…….…….............…Capacity in which known ………….……………….. |
| **ADDITIONAL INFORMATION** |
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| **Do you hold a current driving licence?**YES/NO (please delete) |
| Do you have use of a car? YES/NO (please delete) |