

Finance Administrator

(12 hours per week)

Application Form

Please complete this form in full and use additional sheets if necessary. All personal data supplied to us on this form, which is subsequently processed on computer or by other means, is subject to the provisions of the Data Protection Act 1998.

Position applied for: Finance Administrator (Maternity Cover)	Where did you see this job advertised?
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Personal Details

Title:	First name(s):	Surname:
Current Address:	Previous Surname:	
Postcode:	National Insurance Number:	
Date moved into this address:	Home telephone number:	
Email address:	Mobile Telephone number	
Date and place of birth:		
Do you require permission to work in the UK? (please answer YES or NO):		
If yes, please give details:		

Current Employment (if applicable)

Name of current/last employer:	
Start date:	End date:
Title/description of your current job and key responsibilities:	
Current / final salary:	
What period of notice are you required to give to your present employer?	
Reason for wishing to leave:	

Previous Employment

Please list your full employment history and explain any breaks in employment and how this time was spent.
Add rows or continue on a separate sheet if necessary.

Start date	End date	Job title and key responsibilities	Name of employer	Reason for leaving

Education and Qualifications

Please start with your most recent qualifications

Date gained	Subject	Qualification and grade	Awarding institution

Training

Date	Topic Covered	Training Provider

Suitability and experience

Please write a statement explaining your interest in the current post. Please also set out your suitability for the post, including previous experience you see as relevant, and giving examples of how you meet the defined criteria. You may continue on one additional sheet if necessary.

Referees

Please give the **names and addresses of 2 referees** who know you well. One of these must be **your current or most recent employer**. One must be from someone that has worked alongside you in a team setting. We cannot accept any references from family members.

Name and address	Telephone number	Email address	Role / Relationship to you

Additional Information

Please give below any further information that is relevant to your application, eg: your application is for a job share; periods of time when you would be unavailable for interview; any special requirements should you be invited for interview.

Please read and sign

I confirm that the information given on this form is, to the best of my knowledge and belief, true and complete. I understand that the Good Shepherd Mission is not legally allowed to employ persons who are deemed “not fit” to work with vulnerable adults or children and that if any of the information I have given is found to be false or misleading, the Good Shepherd Mission can withdraw their offer of employment to me, or cancel their agreement with me. I understand that if this is discovered at a later date, I may be dismissed.

I also give my consent to the processing of my personal data by computer or other means in relation to my job application and possible future employment.

I confirm that the submitted information is correct and complete.

Signed Date

How to return your application

- *Either*, Email completed electronic applications with the subject ‘Finance Administrator (Maternity Cover) application’ to david.bishop@goodshepherdmission.org.uk
- *Or*, please post your application and transcript together to
Finance Administrator (Maternity Cover) application
Good Shepherd Mission
17 Three Colts Lane
London
E2 6JL

Application closing date:

30 June 2018

Equal Opportunities Monitoring

It is the Mission's policy to monitor all applications to help ensure recruitment procedures meet our equal opportunities policy and our obligations under the various Acts of Parliament and related codes of practice concerned with race relations, sex discrimination and the employment of disabled people. The form is separated from the application and is used for monitoring purposes only.

NAME:

POSITION APPLIED FOR: Finance Administrator (Maternity Cover)

GENDER: Male Female **AGE:** (please state)

ETHNIC ORIGIN:

I would describe myself as
(please identify the one which best describes you):

White

- English
- Welsh
- Scottish
- Northern Irish
- Irish
- Other white background

Asian/Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background

Mixed/multiple ethnic groups

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background

Black/ African/ Caribbean/ Black British

- African
- Caribbean
- Any other Black/African/Caribbean background
- Black, Black Scottish or Black British

Other ethnic group

- Arab
- Any other ethnic group

Prefer not to say

DISABILITY:

Do you consider yourself to have a disability as defined by the Disability Discrimination Act (1995)? YES NO

Please indicate the nature of your disability and outline any adjustments to the work place you may need to assist you for the purpose of (a) the interview, (b) the job.