NWSS JOB APPLICATION FORM

For the position of

PERSONAL DETAILS

Surname

Title

Community Rabbi



HOW TO FILL IN THIS FORM

When filling out this application form please:

- Answer all the questions
- Type or write in black ink or ball-point as this form may be photocopied
- Continue on additional sheets if there is insufficient space

The information that you provide on this form will be used to make our initial selection. It is important that you relate your skills and experience to the criteria in the Job Description and Person Specification of the job for which you are applying. Please refer to our privacy policy attached to this application form.

North West Surrey Synagogue is committed to equal opportunities in the recruitment, training and retention of its employees. Please tell us if there are any adjustments we need to make which would enable you to compete fairly for this job.

Forename(s)

Street						
Town/City						
County						
Postcode				Mobile Number		
Email					•	
Date from v	vhich you ar	e available to w	ork (DD/MM/YYYY)		/ /	
Nationality						
Salary Expe	ectation		£		Current/Last Salary	£
How did you	u learn abou	t this vacancy?				
	ENT HISTOR					
	n order (mos elevant volur		st) the organisation	you have worked	for both full time and part time	e, paid or unpaid,
motaum 5 re	to varit votar					
From	То			Job Title/i	Main Duties	
From		Employer		Job Title/I	Main Duties	
From				Job Title/I	Main Duties	
From				Job Title/f	Main Duties	
From				Job Title/f	Main Duties	
From				Job Title/I	Main Duties	
From				Job Title/I	Main Duties	
From				Job Title/N	Main Duties	
From				Job Title/I	Main Duties	
From				Job Title/N	Main Duties	
From				Job Title/N	Main Duties	

EDUCATION & TRAINING					
Please include details of stud	ies undertak	en and qualification	s obtained fro	m secondary education	onwards
Date School/College	Qualifications and grades gained				
Date of Semicha	Awarded b	У			
MEMBERSHIP OF PROFESSI	ONAL ASSO				
Name of Association/Institute	e	Grade/Class of me Registration or me			Date
DISABILITY	tall up if the	ro oro ony rocconch	lo adiuatmant	a wa aan maka ta haln w	ou in vour application or
If you have a disability, please with our recruitment process.		re are any reasonab	te aujustment	s we can make to netp yo	ou in your application of
REFERENCES					
Please give the details of two					
be your current or recent emp	loyer. We wi	ll only take up refere	ences if we inte	end to offer you the posit	ion.
Referee 1			Referee 2		
Name			Name		
Position			Position		
Street			Street		
Town/City			Town/City		
County			County		
Postcode			Postcode		
Email			Email		
Phone			Phone		

Remember, the information provided on this form will be used to decide whether you are suited to the vacancy on offer and constitutes an important part of our selection process. Demonstrate how your QUALIFICATIONS, SKILLS AND ABILITIES meet the expectations stated in the Person Specification
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Demonstrate that you have the relevant EXPERIENCE as stated in the Person Specification

Our initial selection process will be based on your **Application Form**. You should demonstrate how you meet the

requirements of the **Person Specification** by completing the following section. For example, this can be through relevant

DEMONSTRATION OF ABILITIES

Demonstrate that you have the relevant SPECIAL KNOWLEDGE required for this position				
Please explain how your PERSONAL QUALITIES meet the expec	ctations of the role			
DECLARATION				
Should your application be successful, it is the <i>North West Surre</i> contact with children or vulnerable adults will be subject to clea				
with amendments made to the Asylum and Immigration Act 199				
legally permitted to work in the UK.				
I confirm that to the best of my knowledge and belief, the info contract offered to me is based on the information provided.				
Signed	Date (DD/MM/YYYY) / /			
Please note: Your attention is drawn to the GDPR Applicant C	Consent form which is part of this document. We will be			
unable to process your application without the signed conse				



North West Surrey Synagogue Horvath Close Rosslyn Park Oatlands Drive Weybridge Surrey KT13 9QZ

Phone: 01932 855400 Email: admin@nwss.org.uk Website: www.nwss.org.uk

General Data Protection Regulations

Consent Form for Job Applicants

As an organisation we need to collect and hold data about you to enable us to process your job application. The GDPR law places an obligation on employers to tell their job applicants in some detail why we collect your data, what we do with it, and how long we expect to retain it.

We wish to obtain your informed consent about the data that we may hold about you as it provides you with a better understanding of how we will use your data.

We are not planning to transfer your data outside the EEA.

Your consent is requested

We would like your consent to hold personal and special data about you in order that we can process your employment application.

See table below for the data we wish to obtain and hold (a range of examples provided, but not limited to).

Type of data	Why we wish to hold it	How long it will be kept for		
Recruitment data				
Previous employers	This will allow us to make a decision on your suitability for employment/engagement It will help us to decide which dept. you may be most suitable in	Data obtained during recruitment will		
Types of job held at other companies		only be kept until either you have accepted a job offer or your application has been declined; it will then be destroyed after 12 months.		
Previous salaries				
Skills and qualifications obtained		If a job offer is made a more comprehensive GDPR consent form will be issued		

Agreement to use my data

I hereby freely give my prospective employer *North West Surrey Synagogue* consent to use and process my personal data relating to my job application (examples of which are listed above).

In giving my consent:

I understand that I can ask to see this data to check its accuracy at any time via a subject access request (SAR).

I understand that I can ask for a copy of my personal data held about me at any time, and this request is free of charge.

I understand that I can request that data that is no longer required to be held, can be removed from my file and destroyed.

I understand that if I am unsuccessful with my application my data will be destroyed after 6 months.

I understand that the Data Controller is North West Surrey Synagogue and I can contact them directly if I have any questions or concerns. Their e-mail address is admin@nwss.org.uk and their telephone number is 01932 855400.

I understand that if I am dissatisfied with how the synagogue uses my data I can make a complaint to the government body in charge (Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF or at www.ICO.org.uk)

Name:	
Signature:	•
Date:	