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| **JOB APPLICATION FORM**

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| For the position of | **Head of Families, Youth and Education** |

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| **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 will 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 Person Specification of the job for which you are applying.**Finchley Reform 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. |

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| **PERSONAL DETAILS** |
| Surname |       | Forename(s) |       |
| Title |       |  |
| Street |       |
| Town/City |       |
| County |       |
| Postcode |       | Mobile Number |       |
| Home Tel: |       | Work Tel: |       |
| Email |       |
| Date from which you are available to work (DD/MM/YYYY) |    /    /      |
| Nationality |       |
| Salary Expectation | £      |  Current/Last Salary | £ |
| How did you learn about this vacancy? |
|       |

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| **EMPLOYMENT HISTORY** |
| Please list in order (most recent job first) the organizations you have worked for both full time and part time, paid or unpaid, including relevant voluntary work. |
| From | To | Employer | Job Title/Main Duties |
|       |       |       |       |

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| **EDUCATION & TRAINING** |
| Please include details of studies undertaken and qualifications obtained from secondary education onwards |
| School/College | Qualifications and grades gained |
|       |            |

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| **MEMBERSHIP OF PROFESSIONAL ASSOCIATIONS AND INSTITUTIONS** |
| Name of Association/Institute | Grade/Class of membership andRegistration or membership number | Date |
|       |       |       |

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| **HEALTH** |
| Do you have any physical conditions which could limit your ability to perform the particular job for which you are applying? If **YES**, please describe (below) how you feel you would be able to perform the job  |
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| **REFERENCES** |
| Please give the details of two people who are familiar with your abilities and are willing to act as a referee, one of whom should be your current or recent employer. We will only take up references if we intend to offer you the position. |
| **Referee 1**

|  |  |
| --- | --- |
| Name |       |
| Position |       |
| Street |       |
| Town/City |       |
| County |       |
| Postcode |       |  |
| Email |       |

 | **Referee 2**

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| --- | --- |
| Name |       |
| Position |       |
| Street |       |
| Town/City |       |
| County |       |
| Postcode |       |  |
| Email |       |

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| **DEMONSTRATION OF ABILITIES** |
| Our initial selection process will be based on your **Application Form**. You should demonstrate how you meet the requirements of the ***Personal Specification*** by completing the following section. For example, this can be through relevant skills and experience attained. If you feel there is any extra information which will support your application, such as additional skills, feel free to add an additional **Supporting Statement**.**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 |
|       |
| Demonstrate that you have the relevant **EXPERIENCE** as stated in the Person Specification |
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| Demonstrate that you have the relevant **SPECIAL KNOWLEDGE** required for this position |
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| Please explain how your **PERSONAL QUALITIES** meet the expectations of the role |
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| **DECLARATION** |
| Should your application be successful, it is Finchley Reform Synagogue’s policy to submit all employees for clearance by the Disclosure and Barring Service. In compliance with amendments made to the Asylum and Immigration Act 1996, we require all applicants to provide evidence that they are legally permitted to work in the UK. |
| **I confirm that to the best of my knowledge and belief, the information I have given is correct and I understand that any contract offered to me is based on the information provided.**

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| **Signed** |  | **Date** (DD/MM/YY) |    /    /      |

**Please note: Information provided on this form may be retained on computer if you are employed by Finchley Reform Synagogue.** |
| J:\New Logo, Letterhead and House Style\LOGO - OUR TREE OF LIFE\cropped LOGO OUR TREE OF LIFE big.jpg | Registered Address: Finchley Reform Synagogue 101 Fallow Court Avenue London N12 0BE Tel: 020 8446 3244E-mail: Karen.Bloom@frs.org.uk  |
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