

Intern Application Form

Please complete the following application form, and attach to it your CV and a letter of application in which you provide details of your suitability for the role. Please return to Annette Ross (annette@cc-vw.org) or you can mail it to Christ Church, Christchurch Road, Virginia Water, Surrey, GU25 4PT.

Surname name:		
Christian names:		
Address:		
Telephone no:		
E-mail:		
Education:		
Secondary Schools		Qualifications obtained
Further education (exclud	ding theological educa	tion)
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University / College Theological education	Course	Qualifications obtained
University / College		
University / College Theological education	Course	Qualifications obtained

Secular employment	Job title	Description of valadities
Employer (name and address)	JOD TITLE	Description of role/duties
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Current ministry: please give full o	details of your curre	nt ministry (full-time, part-time and/or
voluntary), including the church and	I/or organisation wit	th which you are working, for how long
and full details of your roles and res	sponsibilities	
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Have you ever been convicted or cautioned with respect to a criminal offence?
Because of the nature of the work for which you are applying, this post is exempt from the provisions of section 4(2) of the rehabilitation of offenders act 1974 by virtue of the rehabilitation of offenders act 1974 (exceptions) order 1975. This means that you are not entitled to withhold information about convictions which for other purposes are 'spent' under provisions of the act. In the event of employment, failure to disclose such convictions could lead to disciplinary action being taken. Any information will be treated in the strictest confidence and used solely in relation to this application. This position involves substantial access to children and young people and therefore a system of checking police records for possible criminal background may be implemented.
If your answer is "yes" please give full details.
1110-
Health Please list any serious illnesses you have had (with dates), and any recurring illnesses or allergies:
How would you describe your general state of health?
References Please give the names, addresses and contact information of two people to whom we can make reference regarding your suitability for this post. One of your references should be a church or Christian ministry leader.
Signed:
Date: