

**RABBINIC/MINISTERIAL APPLICATION FORM – PART 2**

## THIS FORM IS PART OF YOUR APPLICATION AND MUST BE COMPLETED AND RETURNED IN CONJUNCTION WITH PART 1 OF THE APPLICATION FORM

**IF YOU ARE HAND WRITING YOUR APPLICATION RATHER THAN AS A COMPUTER GENERATED DOCUMENT PLEASE COMPLETE THE FORM IN BLOCK CAPITALS**

|  |  |
| --- | --- |
| **Name:** |  |
| **Date:** |  |
| **Application for post of:** |  |

# ELIGIBILITY TO WORK IN THE UK:

|  |  |
| --- | --- |
| **Are you a United Kingdom (UK), European Community****(EC) or European Economic Area (EEA) National?** | **Yes: No:** |
| **If you have answered no to the above question, please select the category that relates to your current immigration status. This status will be subject to checking before interview.****Please supply details of any visa currently held, including number, start/expiry dates and details of any restrictions.****Does your visa have a condition restricting employment or occupation in the UK?** | HSMP/Tier 1Indefinite Leave to remain/enter Work Permit/Tier 2Tier 5 Temporary Workers Dependant / Spouse visaWorking Holiday Visa/Tier 5 Youth MobilityRefugee Student VisitorOther, please specify belowVisa No:Start Date:Expiry Date:Details of Restriction:**Yes: No:** |
| **If yes to the above question, please provide information regarding your current immigration status and****details of restrictions.** |
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## Qualifying EEA Passports:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Austria BelgiumCzech Republic \* CyprusDenmark | Estonia \* Finland FranceGermany Greece | Hungary \* Ireland (Eire) ItalyLatvia \* Lithuania\* | Luxembourg Malta NetherlandsPoland \* Portugal | Slovakia \* Slovenia \* SpainSweden UK | Iceland Liechtenstein Norway Switzerland |

*\* If you have a passport from one of these countries you are entitled to work within the UK but must register with the Borders and Immigration Agency within 1 month of starting employment under the Worker Registration Scheme. If you have a passport from Bulgaria or Romania, you must still obtain a work permit before working in the UK.*



# GENERAL:

|  |  |  |
| --- | --- | --- |
| **Do you possess a current clean driving licence?** | **Yes: □** | **No: □** |
| **Do you own a car?** | **Yes: □** | **No: □** |
| **How did you become aware of this post?***(Please state which publication or website or other)* |  |
| **If you were offered the post, would the Whitefield Hebrew Congregation be your sole employer?***If NO, please give details:* | **Yes: □** | **No: □** |

1. **REHABILITATION OF OFFENDERS ACT 1974:**

## Please only complete this section if the role you are applying for involves working with children or vulnerable adults.

Due to the nature of the work for which you are applying, this post is exempt from the provisions of Section 4(2) of the Rehabilitation Act, 1974, by virtue of the Rehabilitation of Offenders Act, 1974, (Exceptions) Order 1975. Applicants are therefore not entitled to withhold information about convictions, which for other purposes are ‘spent’ under the provisions of the Act. In the event of employment, any failure to disclose such convictions could result in dismissal. Disclosure of an offence will not necessarily be a bar to your appointment.

Any information given will be treated confidentially and will be considered only in relation to an application for positions to which the Order applies.

|  |  |
| --- | --- |
| **Have you at any time been convicted of any criminal offence?***If YES please give details, including nature and date(s) of offence(s):* | **Yes: No:** |
|  |

|  |  |
| --- | --- |
| **Have you ever had a child removed from your care or placed under supervision by a Local Authority or been disqualified from Registration under Schedule 9 of the Children Act?***If YES please give details, including nature and date(s) of offence(s):* | **Yes: No:** |
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|  |  |
| --- | --- |
| **Do you have any criminal charges or summonses pending against you?***If YES, please give details:* | **Yes: No:** |
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# DISABILITY:

The Disability Discrimination Act 1995 defines a disabled person as anyone who has or who has had a physical or mental impairment, which has a substantial long-term effect on their ability to carry out normal day-to-day activities. We ask all applicants to declare whether they have a disability in order that we can fulfil our commitment to make reasonable adjusts for interviewing disabled applicants.

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| --- | --- |
| **Taking this definition into account, do you consider you have a disability?***If YES, please describe any equipment or adaptations that may be needed:* | **Yes: □ No: □** |
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# EQUAL OPPORTUNITIES MONITORING:

Whitefield Hebrew Congregation is committed to ensuring that job applicants are treated fairly and consistently and that no one is disadvantaged or discriminated against because of their gender, ethnicity, age, disability or any other personal characteristic, which has no bearing on their ability to do the job.

## Information collected via recruitment monitoring helps the Whitefield Hebrew Congregation fulfil this commitment, and to comply with UK legislation in addition to assisting greatly in the development and evaluation of employment policy generally. Information you provide will be treated in strict confidence and will not be seen by anyone involved in the selection process.

**Please tick the relevant boxes below:**

|  |  |
| --- | --- |
| **Gender:** | Female Male |

|  |  |
| --- | --- |
| **Faith / Religion:** | Jewish |

|  |  |
| --- | --- |
| **Age:** | under 20 20-24 25-29 30-34 35-3940-44 45-49 50-54 55-59 60-64 65 + |

|  |
| --- |
| **Ethic Origin:** |
| **White** |  | **Black or Black British** |  | **Chinese** |  |
| British | African Caribbean | Chinese |
| Irish | Any other Black Background |  |
| Any other White background (please specify): | (please specify): |  |
| **Mixed** |  | **Asian or Asian British** |  | **Other ethnic group** |  |
| White and Black Caribbean | Indian | Any other ethnic group |
| White and Black African | Pakistani | (please specify): |
| White and Asian | Bangladeshi |  |
| Any other mixed background | Any other Asian background |  |
| (please specify): | (please specify): |  |



# DECLARATION OF APPLICANT:

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| --- |
| **I certify that the answers given on this Application Form are true and complete, to the best of my knowledge.** |
| **Signature: Date:**  |

*When completed, please return this form by EMAIL* ***together with Part 2 of the application form*** *to: applications@thewhc.co.uk*

*In the event this is not possible, post to: Whitefield Hebrew Congregation, Park Lane, Whitfield, Manchester, M45 7PB. Please note that if you are returning this form electronically and unsigned you will still be bound by the declaration.*