

COLWYN BAY TOWN CENTRE CHAPLAINCY LAY CHAPLAIN APPLICATION FORM

Please ensure you have read and understood the role description.

Applications should be made as soon as possible ***Required***

Personal Details

Title*

Full Name*

Address *

Postcode*

Date of Birth*

Tel Home*

Tel Mobile*

Email*

Previous/Present Occupation *

Details of courses attended, which may be **relevant** *

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Name of Church Connections *eg St. Paul's

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Details of current and past experience of Christian service particularly relevant
Please state briefly why you feel suited to this challenge *

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References

Please give details of 2 people, one of whom should be your minister (or ministerial colleague if relevant), who would be willing to provide as your suitability for this position

Referee 1 *Please include their full name, address, postcode, telephone number and email

Referee 2 *Please include their full name, address, postcode, telephone number and email

Do we have permission to contact them prior to interview? *

- Yes
- No

Have you any convictions (other than spent convictions under the Rehabilitation of Offenders' Act 1974)? *

- Yes
- No

If Yes - please give full details:

DECLARATION *I declare that the information given on this form is complete and accurate.

- Please check the box to confirm this.

Date *