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| **APPLICATION FORM****Deep:ER Fellowship** |  |

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**Christian Medical Fellowship**

6 Marshalsea Road, LONDON, SE1 1HL

Tel: +44 (0) 20 7234 9666 Email: volunteer@cmf.org.uk

**STRICTLY PRIVATE AND CONFIDENTIAL**

We’re glad you’re considering Deep:ER! This form helps us get to know you as we see if it’s a good fit. This form will be circulated to those interviewing and so we prefer that it is completed in **Word** and sent back **by email**. Please answer the questions as fully as possible, giving examples where appropriate.

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| ROLE APPLIED FOR: | **Deep:ER Fellowship** |

**PERSONAL DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | Title  |  |
| First name |  |
| Address |  |
| Telephone:  |  | Mobile: |  |
| Email address |  |

|  |  |
| --- | --- |
| Where did you hear about Deep:ER? |   |
| Where will you be based next year (home address or elsewhere?) |  |

**EDUCATION**

*(Continue onto a new sheet if necessary)*

| From | To | School, University, College | Degrees, diplomas, or other qualifications |
| --- | --- | --- | --- |
|  |  |  |  |

**OTHER RELEVANT QUALIFICATIONS OR TRAINING COURSES ATTENDED**

*(Continue onto a new sheet if necessary)*

| Date | Course /Qualification |
| --- | --- |
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**PERSONAL INTERESTS**

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**HEALTH RECORD**

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| A disability or health problem does not preclude full consideration for the role and applications from disabled people are welcome. Our office has wheelchair access. All information will be confidential.What illness of any consequence have you had over the last three years? |

**DIETARY REQUIREMENTS**

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**CURRENT EMPLOYMENT (if applicable)**

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| Current Post Title/Course of study: |
| Employer's Name and Address:  |
| Date Started:  | Date Left / Notice Period:  | Part Time/Full Time:  |
| Reason for Leaving (if applicable):  |
| Brief Description of Key Responsibilities and Achievements: |

**PREVIOUS EMPLOYMENT HISTORY (if applicable)**

Please list all your previous jobs (most recent employment first). Please include all paid and unpaid work and explain any periods you where not employed. Please limit response to **one A4 side**.

(To add extra rows at the bottom, use the tab key)

| Dates EmployedFrom & To | Employer's Name | Position Held and Key Responsibilities | Reasons for Leaving  |
| --- | --- | --- | --- |
|  |  |  |  |
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**CHRISTIAN LIFE AND EXPERIENCE**

Briefly describe how you became a Christian, your on-going commitment and any experience you may have of Christian work.

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**Work/study Outside of CMF**

As a student department volunteer please tell us how you envisage the time in your week being spent including any theological training you may undertake and as many details about this as possible. Please also indicate the time period of your availability e.g. from August 2022 to August 2023.

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**Church Affiliation**

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| --- | --- |
| Name of Church: |  |
| Attended for how long? |  |
| What role do you play in your church? |  |

**SUPPORTING STATEMENT**

You must add a supporting statement outlining why you want to volunteer with CMF on a Deep:ER Fellowship and why you consider yourself suitable. Please limit your response to **no more than two pages of A4**.

Please be sure to

* **Give examples that demonstrate your experience and aptitude**.
* **Explain what you hope to both give to CMF but what you hope to learn whilst working with us**
* **Rank up to three Fellowship Options in order of preference**

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|   |
| **Fellowship Options** |
| Option 1 |  |
| Option 2 |  |
| Option 3 |  |

**REFERENCE**

Please give details of someone who is willing to act as a referee, and who has known you for at least the past two years e.g. church leader, CMF leader. We will contact them by phone or email.

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| --- |
| Referee Name:  |
| Relationship with candidate:  |
| Home Address:  |
| Telephone:  | E-mail:  |

**DECLARATION**

I hereby confirm that I subscribe fully to CMF’s aims and values and the facts set out in this application are, to the best of my knowledge, true and complete. I consent to the use of this information during the recruitment process and during the volunteer period, if I am successful.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Date: |  |

Having completed and saved this form, **please email it to:** volunteer@cmf.org.uk and we will acknowledge receipt by return email.

If you have any questions about the completion of this form please email or call **020 7234 9681.**

Thanks.