



## 4. QUALIFICATIONS

Please state all academic qualifications and other training including dates and grades.

Subject	Grade	Date

## 5. ATTRIBUTES

How would you rate your:

	Strong			Weak		
	5	4	3	2	1	
a. Reliability	5	4	3	2	1	
b. Perseverance	5	4	3	2	1	
c. Initiative	5	4	3	2	1	
d. Team work skills	5	4	3	2	1	
e. Communication skills						
oral	5	4	3	2	1	
written	5	4	3	2	1	
f. Maturity	5	4	3	2	1	
g. Biblical understanding	5	4	3	2	1	

What do you consider to be your main strengths and abilities?

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What hobbies and interests do you have?

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## 6. PERSONAL HEALTH

Please describe your state of personal health.

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Do you have any dietary requirements? If so please state.

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Do you have any allergies? If so, please state.

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Are you registered disabled? YES/NO  
If yes, please detail below.

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Have you ever had: (If yes, please give details below. None of these should be disqualifiers, but we ask to know for our occupational and pastoral awareness).

	YES	NO
1. Depression		
2. Fit/Fainting		
3. Blackouts		
4. Epilepsy		
5. Severe headache/migraines		
6. Heart trouble		
7. Kidney trouble		
8. Jaundice or Hepatitis		
9. Back pain		
10. Arthritis		
11. Bronchitis or Pneumonia		
12. TB		
13. Asthma		
14. Hearing defect		
15. Sight defect		
16. Eating disorder		
17. Other (please state)		

Details:

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## 7. REFERENCES

Please give below the names and addresses of three referees. One of them should be your Church Leader and one your present employer/teacher.

### 1. Church Leader/Pastor/Vicar

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

Tel No: Daytime \_\_\_\_\_

Evening \_\_\_\_\_

How long have you known him/her? \_\_\_\_\_

### 2. Employer / Teacher / Tutor

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

Tel No: Daytime \_\_\_\_\_

Evening \_\_\_\_\_

How long have you known him/her? \_\_\_\_\_

### 3. Other Person

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

Tel No: Daytime \_\_\_\_\_

Evening \_\_\_\_\_

How long have you known him/her? \_\_\_\_\_

If you have any objection to us contacting any of your referees, please indicate:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 8. GENERAL

Is there any further information, which you believe to be relevant to your suitability for the programme? (please use back of form if required)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been charged with or convicted of a criminal offence; or are you at present the subject of criminal investigations? (The disclosure of an offence may not prohibit your appointment.) YES / NO

If yes, please give details including the nature of the offence(s) and dates (all convictions, whether spent or unspent, cautions, reprimands and final warnings should be disclosed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If offered the post, do you agree to co-operate in obtaining a Criminal Records Bureau Enhanced Disclosure?\* YES / NO

## 9. DECLARATION

I confirm to the best of my knowledge, the information given on this form is true and correct.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please return this form to:

Dave Criddle (Discipleship & Teaching Pastor)  
Gold Hill Baptist Church  
Gold Hill East  
Chalfont St Peter  
Buckinghamshire  
SL9 9DG

If you have any questions or need more information please ring 01753 887173 or email [intern@goldhill.org](mailto:intern@goldhill.org)

\* Because of the nature of the work for which you are applying, this position is exempt from the provision of section 4(ii) of the Rehabilitation of Offenders Act 1974 (Exceptions Order 1975), and you are therefore not entitled to withhold information about convictions which for other purposes are 'spent' under the provisions of the 1974 Act and in the event of appointment, any failure to disclose such convictions could result in the withdrawal of your place on the Gold Hill Internship Programme.