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Description automatically generated

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| **JOB TITLE: Finance Assistant**  **JOB APPLICATION FORM**  Submit your application to: Jane Gray,  [hrjobs@sjp.org.uk](mailto:hrjobs@sjp.org.uk) by  midday Monday 28 April 2025 | | | | | | **St James’s Church**  **197 Piccadilly, London W1J 9LL**  **www.sjp.org.uk** | | | | | | | | |
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| **1 APPLICANT** |  | | | | | | | | |  | | | | |
| **Full name** |  | | | | | | | | | | | | | |
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| **Address (including postal code)** |  | | | | | | | | | | | | | |
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| **Telephone and email** | Telephone (day)\* | | |  | | | | | | | | | | |
|  | Telephone (evening) | | |  | | | | | | | | | | |
|  | Mobile | | |  | | | | | | | | | | |
|  | Email | | |  | | | | | | | | | | |
|  | *\* provide a week-day daytime contact number only if we may use it.* | | | | | | | | | | | | | |
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| **Current availability** | If successful in your application, when would you be free to start (how much notice period are you required to give?) | | | | | | | | | | | | | |
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| **Post you are applying for:** | Finance Assistant | | | | | | | | | | | | | |
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| **2 EMPLOYMENT** | If you are in work, please give details of your post, giving a brief account of your responsibilities, duration of employment, notice period and reasons for leaving. If you are not in work, please give an account of your most recent post. | | | | | | | | | | | | | |
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| **3 PREVIOUS EMPLOYMENT** | Give dates, starting with the most recent employment. | | | | | | | | | | | | | |
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|  | Dates | | Employer | | | | | | Position | | Reason for leaving | | | |
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| **4 EDUCATION & QUALIFICATIONS** | Please provide details of your education and qualifications. | | | | | | | | | | | | | |
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| *Include secondary and any higher education* | Educational Establishment | | | | Qualifications gained and grade | | | | | | | From | | To |
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| **Other training or qualifications** |  | | | | | | | | | | | | | |
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| **Membership of any professional or other bodies** |  | | | | | | | | | | | | | |
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| **5 SUPPORTING INFORMATION**  **Please demonstrate how your skills and experience, including any unpaid work, enable you to fulfil the essential criteria of the Role Description and Person Specification.** *We will use what you say here to decide who to be shortlist. Please, therefore, pay careful attention to the requirements of the post and post-holder and be sure to address them here. (Please keep this to under two pages)* | | | | | | | | | | | | | | |
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| **5a Any other information, comments or ideas relevant to the post.** *(No more than a page)* | | | | | | | | | | | | | | |
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| **5b Please tell us about your other interests and/or achievements.** *(No more than a page)* | | | | | | | | | | | | | | |
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| **6 INTEREST**  **Please state briefly why you wish to apply for this post.** What aspects of the role description or values of this Church attract you particularly? *(No more than a page)* | | | | | | | | | | | | | | |
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| **7 REFERENCES**  Please give names, occupations, addresses and telephone numbers of two people who can provide references if you are shortlisted for the role. One should be your present or most recent employer. The other should know your work. | | | | | | | | | | | | | | |
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| **Referee A** | Name and address | | | | Occupation:  Email address & telephone number: | | | | | | | | | |
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| **Referee B** | Name and address | | | | Occupation:  Email address & telephone number: | | | | | | | | | |
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| **Tick here if you** **do not want** your present employer contacted unless we are considering appointing you to the post. | | | | | | | | | | | | | |  |
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| **8 RIGHT OF ABODE & RIGHT TO WORK** | Under the Asylum and Immigration Act 1996, you will be required to show proof of your Right to Abode or EU citizen Settled Status qualifying your right to remain and employment eligibility. | | | | | | | | | | | | | |
|  | Yes |  | No |  | | | If no, you will need to have applied for EU Settlement Scheme | | | | | | | |
|  | You will be required to show proof of your right to work. Do you hold a Work Permit or applicable Visa? **Note:** needs to be valid for 2 years i.e. until April 2027. (St James’s does not hold a sponsorship license.) | | | | | | | | | | | | | |
|  | Yes |  | No |  | | | If yes, please state date  of expiry. | | | | | |  | |
| **9 DECLARATION** | I hereby confirm that the information given is to the best of my knowledge true and complete. I understand that if any of the information I have given is found to be false or misleading, the PCC can withdraw their offer of employment to me, or cancel their agreement with me. I understand that if this is discovered at a later date, I may be dismissed. | | | | | | | | | | | | | |
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| Please tell us where you saw the advertisement for this post. | | | | | | | |  | | | | | | |

31 March 2025