

Hawthorne Trust Limited
Christian Science Nurses
Training Centre at Charton Manor

Gorse Hill, Farningham, Kent, U.K. DA4 0JT
Tel:01322 863116 Fax:01322 866248
Email: mail@chartonmanor.org

Please
attach
a recent
photograph

APPLICATION
FOR CHRISTIAN SCIENCE NURSES TRAINING
(NON UK / EEA RESIDENTS)

Please print your replies clearly in ink or typewritten. Note: We need this information for our future contacts with you. Hawthorne Trust Limited has a Data Protection Policy that sets out how we handle your data and your rights under the law. More information can be found at our website www.chartonmanor.org or is available on request.

NAME Mr. / Miss / Ms. / Mrs _____
(Name exactly as it appears in your passport)

ADDRESS _____ PHONE _____
(street) (day)

(city) (county / state / province / post code) (country) (eve)

EMAIL _____ FAX _____

I wish to apply for the Introductory Course _____ OR the _____ Course.

1. How long have you studied Christian Science?
2. Are you a member of The Mother Church? Yes / No
What year were you admitted to membership? Your membership No:
3. Are you a member of a branch church? Yes / No
Name of branch church:
List ways in which you have actively served your branch church:
4. Have you had Christian Science Primary Class Instruction? Yes / No
Please give your teacher's name and address and the year class was taken.
5. Do you study the Bible Lesson regularly, recognising that it is "...a lesson on which the prosperity of Christian Science largely depends"? (Article III, Section 1: *Manual of The Mother Church*)

6. How are you practising Christian Science in your daily life?

7. Please share with us three instances of Christian Science healing from your own experience. (Please attach a separate sheet for your answer)

8. What does Article VIII, Section 31 of the *Manual of The Mother Church* mean to you?

9. Are you free of the use of alcohol / drugs / tobacco?

For how long?

10. Have you ever had any medical nurses training? If so, please tell us about this.

11. If you have previously worked as a Christian Science nurse, please give full details including the name of the Christian Science facility employing you or give the name of a *Journal*-listed Christian Science nurse with whom you have worked.

(only answer questions a-d if you have not worked as a Christian Science nurse)

- a) Please tell us why you are interested in Christian Science nursing?

- b) Please give a description of what you think are the actual duties of a Christian Science nurse.

- c) Do you feel you are able to carry out the physically demanding work of a Christian Science nurse?

- d) Please describe any experience you have had of nursing someone which may help to prepare you for Christian Science nursing.

12. What is your nationality?
What passport do you hold and what is its number?
13. Do you have a permanent place of residence in your country to which you intend to return upon completion of your training at Charton Manor? Yes / No
On returning to your country of origin after completing your Christian Science nurses training, how do you propose to use it in your country of origin?
14. Do you wish to live in the Christian Science nurses' residence while training at Charton Manor?
15. Please indicate marital status: single married separated divorced
If married, write your spouse's name:
Please list the names and ages of any dependent children:
16. If you have family, what will they do while you are training at Charton Manor?
17. We need your assurance that you have sufficient finances to return if you do not satisfactorily complete the course. (Your signature at the end of this form confirms this fact.)
18. Would you tell us about your qualifications achieved and years completed in secondary and/or higher education? Please enclose copies of any educational qualifications.
19. At this point are you employed? Yes / No
a) If so, please describe your current employment.
b) Please give name, address and phone number of your employer if we may contact them.

CRIMINAL RECORDS DISCLOSURE AND DECLARATION:

Charton Manor is registered with, and regulated by, the Care Quality Commission [CQC] which requires, in accordance with government regulations, that all its staff have a satisfactory Disclosure & Barring Service [DBS] check in order to protect those in its care.

Successful candidates who have resided, or are residing in the UK, will be asked to complete a form for an Enhanced DBS Certificate. Successful candidates from overseas must additionally present a local police check from their country of residence.

Pursuant to this as part of your application, please will you complete the following:

You are required to declare any criminal convictions, whether spent or unspent, under the Rehabilitation of Offenders Act [ROA] 1974.

A criminal conviction will not necessarily exclude you from being made an offer of employment. However, failure to disclose a conviction could lead to an offer of employment being withdrawn. Hawthorne Trust has policies concerning the correct handling and processing of criminal records disclosures and information, and concerning the appointment of ex-offenders.

Do you have any criminal record? Yes / No

If yes, please give details

I hereby declare that the information detailed above is accurate to the best of my knowledge. I understand that a false declaration may lead to any offer of employment being withdrawn.

I understand that acceptance for Christian Science nurses training will be by approval of the Admissions Committee and confirmed in writing by Hawthorne Trust Limited.

Signed _____

Date _____

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REFERENCES

Please give the name and address of: a Christian Science Practitioner and your Christian Science Teacher, if class taught, whom we may contact as a reference.

Practitioner

Name Mr / Mrs / Miss _____ Telephone _____

Address: _____

_____ Postcode _____

Email _____ Fax _____

Teacher

Name Mr / Mrs / Miss _____ Telephone _____

Address: _____

_____ Postcode _____

Email _____ Fax _____

THREE INDIVIDUALS WHO HAVE KNOWN YOU PERSONALLY WITHIN THE LAST THREE YEARS (No relatives, please)

Name Mr / Mrs / Miss _____ Telephone _____

Address: _____

_____ Postcode _____

Email _____ Fax _____

Name Mr / Mrs / Miss _____ Telephone _____

Address: _____

_____ Postcode _____

Email _____ Fax _____

Name Mr / Mrs / Miss _____ Telephone _____

Address: _____

_____ Postcode _____

Email _____ Fax _____