

## **CHRISTIAN SCIENCE NURSING EMPLOYMENT APPLICATION FORM**

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Email \_\_\_\_\_ Telephone No \_\_\_\_\_

### Your Commitment to Christian Science

1. Are you a member of The Mother Church?

What year were you admitted to membership?      Your Membership No:

2. When did you become a branch church member?

Name of branch church:

List how you have actively served your branch church:

3. Have you had Christian Science Primary Class Instruction?

Please give your teacher's name and address:

Year Class taken:

4. 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 I: Manual of The Mother Church.

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

6. Please share with us three instances of Christian Science healing from your own experience.

Your Background

7. Could you tell us about your qualifications achieved and years completed in secondary or higher education?
8. What has been your Christian Science nursing experience and education so far (if listed, include the date that you were listed in The Christian Science Journal).

9. Please describe your current employment and give the name and address of your employer.

Present Occupation \_\_\_\_\_

Name and address of present Employer \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ E-mail \_\_\_\_\_

May we contact them for a reference? Yes / No If not, please give a reason \_\_\_\_\_

\_\_\_\_\_

10. Why do you wish to leave your current employment?

11. Please provide a full employment history since leaving full-time education. For each employment, state the approximate dates of employment, the name of the employer and the position held and detail any gaps in your employment history. [This is a Care Quality Commission requirement].

<b>Employment History</b> (most recent first). Please detail any gaps in your employment history.				
<b>Dates</b>		<b>Employer</b>	<b>Post/Title/Duties</b>	<b>Reason for Leaving</b>
From	To			

12. Have you served in any other Christian Science House (facility)? Yes / No  
If Yes, give details:

<u>Name of CS House</u> _____	<u>Dates</u> _____
_____	_____
_____	_____
_____	_____

13. What is your nationality?

What Passport do you hold?

14. Have you ever had any medical nurses training? Please tell us about this.
15. Are you free from the use of medication / alcohol / drugs / tobacco?  
For how long?
16. Do you feel confident to carry out the work of a Christian Science nurse, which is physically demanding.

**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 and 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 \_\_\_\_\_

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.charntonmanor.org](http://www.charntonmanor.org) or is available on request.

### REFERENCES

Please give the name and address of the following people who can comment on your character and your practice of Christian Science:

#### A Christian Science Practitioner

Name Mr / Mrs / Miss \_\_\_\_\_ Telephone \_\_\_\_\_

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

\_\_\_\_\_ Postcode \_\_\_\_\_

Email \_\_\_\_\_

#### Your Christian Science Teacher (if class taught)

Name Mr / Mrs / Miss \_\_\_\_\_ Telephone \_\_\_\_\_

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

\_\_\_\_\_ Postcode \_\_\_\_\_

Email \_\_\_\_\_

#### THREE INDIVIDUALS WHO HAVE KNOWN YOU PERSONALLY WITHIN THE LAST THREE YEARS

(No family members or relatives and at least one work colleague, please)

Name Mr / Mrs / Miss \_\_\_\_\_ Telephone \_\_\_\_\_

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

\_\_\_\_\_ Postcode \_\_\_\_\_

Email \_\_\_\_\_

Name Mr / Mrs / Miss \_\_\_\_\_ Telephone \_\_\_\_\_

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

\_\_\_\_\_ Postcode \_\_\_\_\_

Email \_\_\_\_\_

Name Mr / Mrs / Miss \_\_\_\_\_ Telephone \_\_\_\_\_

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

\_\_\_\_\_ Postcode \_\_\_\_\_

Email \_\_\_\_\_