



The Carlisle Diocese Internship Programme



For a swift process, please fill in each section in as much detail as possible. If you have any questions, please contact:

Carolyn Dykes 07584 684304 or email her at Carolyn.Dykes@CarlisleDiocese.org.uk

Kristian Tjemsland 07577 473850 or email him at Kristian.Tjemsland@CarlisleDiocese.org.uk

Leah Tjemsland 07429 825268 or email her at Leah.Tjemsland@CarlisleDiocese.org.uk

Please ensure you have filled this application form in as fully as possible, and return it to Leah Tjemsland either via email or by post to **Church House, West Walls, Carlisle, CA3 8UE UK**

PART 1 Personal Details

Full Name & Surname	
Date of Birth	
Preferred Name	
Address and Postcode	
Telephone no. at this address	
Mobile Telephone no.	
Email address	
Do you have a driver's licence?	
Do you have your own car? (UK only)	
Do you have your own motorbike? (UK only)	
Have you lived away from home before?	
If we have not already discussed a specific placement, from the vacancies listed on the IX12 website please give the names of your top 3 choices in order of preference	1 2 3

Internship Application Form cont'd

PART 2 Education (from Secondary School onwards)

Dates from – to	Place of Education	Qualification(s) Achieved, & Grades if relevant

Please list any other training or qualifications you have (First Aid, Health & Safety, Outdoor Sports, Music, etc.)

Dates from – to	Place of Training	Qualification(s) Achieved, & Grades if relevant

PART 3 Present or Most Recent Employment

Dates from – to	Name of Employer	Job title and description of what you do/ did

PART 4 Previous Employment

Dates from – to	Name of Employer	Job title and description of what you did

Internship Application Form cont'd

PART 5 Church Based Work Experience (paid or voluntary)

Dates from – to	Church/Organisation	Role	Key Responsibilities

PART 6 Other Voluntary Work Experience

Dates from – to	Organisation	Role	Key Responsibilities

Internship Application Form cont'd

REFEREE 1 Church Leader Reference *Preferably from a Senior Minister*

Name	
Address & Postcode	
Tel. No	
Email	
Job Title	

REFEREE 2 Non-Family Member Reference *Volunteer or Work Related*

Name	
Address & Postcode	
Tel. No	
Email	
Job Title	

REFEREE 3 Non-Family Member Reference *Someone who knows you well*

Name	
Address & Postcode	
Tel. No	
Email	
Job Title	

PART 7 Your Personal Faith

Please give a brief description of how and when you became a Christian

How would you describe your relationship with God today?

What is your favourite Bible verse / Passage, and why?

PART 8 Motivation

What motivates you?

Why are you applying to join this internship programme? What are you hoping for?

Tell us about your church and the ways in which you are currently involved:

Please tell us about a book you have read or a person who has inspired you as a disciples of Jesus

PART 9 Health

Do you suffer from any re-occurring illnesses or allergies? If so, what?

How many days have you had as sick leave in the past year? Please also list the illness(es).

Please list vaccinations you have had

Have you ever been treated for a form of mental disorder, and if so, what?

PART 10 Disclosure

Have you ever been convicted or cautioned with respect to a criminal offence? YES NO

If answered 'yes' please give details*

* Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975.

This means you are therefore not entitled to withhold information about convictions which for other purposes are "spent" under provisions of the Act. In the event of employment, failure to disclose such convictions could lead to disciplinary action being taken. Any information given will be treated in the strictest confidence and used solely in relation to this application.

Please be aware that for positions involving substantial access to children a system of checking police records for possible criminal background will be implemented.

Internship Application Form cont'd

If we feel the internship programme might be suitable for you we will ask you to come and visit your potential placement. Please use this space to advise us of any special needs, such as mobility needs that we should be aware of:

I confirm that the information provided on this form is correct and understand that any misrepresentation or omission may render me liable to dismissal if engaged. I understand that if offered this internship, the appointment is subject to an enhanced disclosure certificate from the Disclosure and Barring Service. A criminal record is not necessarily a bar to obtaining a position.

*Signature _____ Full Name _____ Date_____

**If application is completed online, please fill in the name of the person filling out the application in the area marked "Signature".*