Application Form

Strictly Confidential

IMPORTANT

THIS POSITION INVOLVES CONTACT WITH CHIDREN AND YOUNG PEOPLE. YOU ARE REQUIRED TO COMPLETE THIS FORM

| Desition Applied 6 | | |
|---------------------|-------------------------------------|--|
| Position Applied f | or: | |
| PART A – PERSO | NAL DETAILS | |
| Title (Mr, Mrs ,Ms, | Miss) | |
| Surname | | Forenames |
| Any first name, sur | name or maiden name previously | y known by: |
| Home Address | | |
| | | |
| | | |
| Postcode | | Contact Email Address |
| Mobile phone number | | Home phone number |
| Date of Birth | | Gender Male/Female |
| National Insurance | Number | |
| Are you currently o | igible to work/volunteer in the UI | K? Yes / No |
| Are you currently e | igible to work volunteer in the or | (! 1657 NO |
| PART B – QUALIF | ICATIONS | |
| | qualifications to this post, includ | ling sporting qualifications; |
| Date Qualified | Qualification Obtained | College, university, professional body |
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| | | |
| Other training at | ended including relevant spor | rts training: |
| Date | Details | |
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| | Appointing |
|--|-----------------------------|
| Membership details of any professional bodies in | ncluding membership number: |
| World of any professional bodies in | loldding memberomp namber. |
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| DART C CURRENT EMPLOYMENT | |
| PART C – CURRENT EMPLOYMENT | |
| Current Occupation | Start Date |
| • | |
| | |
| Name of Organisation | Job Title |
| • | |
| | |
| Address and Postcode | - I |
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| | |
| | |
| | |
| Telephone Number | |
| relephone Humber | |
| Brief Description of your role and duties | |
| Brief Bescription of your fole and daties | |
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| Provious Experience relevant to this post: | |
| Previous Experience relevant to this post: | |
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| PART D - PAST EN | IPLOYMEN | IT | |
|----------------------|-----------------|------------------|-----------------------------|
| Name of Organisation | Dates | Position held | Relevant Experience |
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| PARTE | | | |
| Please provide info | ormation or | n your reasons | for applying for this role: |
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| PART F - REFERENCES | | | | |
|--|--|--|--|--|
| Please give the names, addresses and status of two referees, who can comment on your work performance and verify your record in relation to working with young people. Neither referee can be related to you. You must have known both referees for a minimum of two years | | | | |
| Name | Name | | | |
| Job title | Job title | | | |
| Company | Company | | | |
| Address | Address | | | |
| | | | | |
| | | | | |
| | | | | |
| Telephone number | Telephone number | | | |
| May this referee be contacted prior to interview? Yes/No | May this referee be contacted prior to interview? Yes/No | | | |
| | | | | |
| DECLARATION | | | | |
| I declare to the best of my knowledge and belief, understand that any false declaration or misleading from employment and render me liable to dismissal. I | all particulars I have given are complete and true. I statement or a significant omission may disqualify me understand that any job offer is subject to references, a it appropriate, a medical report, all of which must be | | | |
| I declare to the best of my knowledge and belief, understand that any false declaration or misleading from employment and render me liable to dismissal. I probationary period and, if the organisation believes | statement or a significant omission may disqualify me understand that any job offer is subject to references, a sit appropriate, a medical report, all of which must be | | | |
| I declare to the best of my knowledge and belief, understand that any false declaration or misleading from employment and render me liable to dismissal. I probationary period and, if the organisation believes deemed by the company satisfactory. | statement or a significant omission may disqualify me understand that any job offer is subject to references, a sit appropriate, a medical report, all of which must be | | | |
| I declare to the best of my knowledge and belief, understand that any false declaration or misleading from employment and render me liable to dismissal. I probationary period and, if the organisation believes deemed by the company satisfactory. Signed: Date | statement or a significant omission may disqualify me understand that any job offer is subject to references, a sit appropriate, a medical report, all of which must be | | | |
| I declare to the best of my knowledge and belief, understand that any false declaration or misleading from employment and render me liable to dismissal. I probationary period and, if the organisation believes deemed by the company satisfactory. Signed: Date | statement or a significant omission may disqualify me understand that any job offer is subject to references, a sit appropriate, a medical report, all of which must be | | | |
| I declare to the best of my knowledge and belief, understand that any false declaration or misleading from employment and render me liable to dismissal. I probationary period and, if the organisation believes deemed by the company satisfactory. Signed: Date Print name: | statement or a significant omission may disqualify me understand that any job offer is subject to references, a sit appropriate, a medical report, all of which must be | | | |
| I declare to the best of my knowledge and belief, understand that any false declaration or misleading from employment and render me liable to dismissal. I probationary period and, if the organisation believes deemed by the company satisfactory. Signed: Date OFFICIAL USE ONLY SECTION 1 COMPLETE AND RECEIVED | statement or a significant omission may disqualify me understand that any job offer is subject to references, a it appropriate, a medical report, all of which must be | | | |
| I declare to the best of my knowledge and belief, understand that any false declaration or misleading from employment and render me liable to dismissal. I probationary period and, if the organisation believes deemed by the company satisfactory. Signed: Date Print name: | statement or a significant omission may disqualify me understand that any job offer is subject to references, a it appropriate, a medical report, all of which must be YES / NO YES / NO | | | |

RETURN ADDRESS:

{add in relevant return address}