

Hatch Warren Community Association

Application Form

Please complete this form in your own handwriting and return to:
The Chairman, Hatch Warren Community Centre, Longcross Lane, Hatch Warren Basingstoke,
Hampshire RG22 4XF

Closing Date 11th May 2009

Position: Part Time Youth Worker

Last Name

First name(s)

Home Address

Telephone Numbers:

Day

Evening

Mobile:

Email Address:

National Insurance Number:

Do you need a work permit?

YES/NO

(If Yes please state date it expires)

Do you have a full driving licence?

YES/NO

Daily use of a vehicle YES/NO

Employment History

Please give details of your employment history- beginning with your present/most recent job.

Job Title	Employer	Date From	Date To	Duties	Reason for Leaving

Education, Training and Qualifications

Please list secondary schools, colleges, training provider and universities attended.

Establishment (school/college/university/training provider)	Date From	Date To	Subjects/Courses/Training Result/Professional Qualifications

Please describe how your experience, knowledge and skills will match the requirements set out in the job description.

The role of part time youth worker needs specific skills or experience. Please give us some examples of your experience under the following headings. These can be from inside or outside of your working life. Please be clear about your own roles and responsibilities.

Give an example of an event or activity that you planned, implemented and evaluated, indicating your responsibilities.

Give an example of a situation where you were part of a team, indicating the skills you brought to the team and if it was successful.

Give an example of your involvement in a particular youth project, indicating how you involved the young people and what the learning outcomes were.

Give an example of a situation where you have had to work with groups, organisations or people to make an activity or project successful. What problems you encountered (if any) and how they were resolved.

Personal Interests

Please list your hobbies and interests:

Special Requirements

It is our policy to ensure that all applicants are given full consideration for employment and that all candidates are fairly selected for interview.

The Disability Discrimination Act 1995 defines a disabled person as ‘a person who has or has had in the past a physical or mental impairment which has a substantial long term adverse effect on their ability to carry out normal day to day activities’.

Please give details of any special arrangements you will need us to make in order for you to attend an interview.

Please describe any special requirements you may need at work, these can be discussed with you at interview.

Please note that we guarantee to interview a disabled applicant who meets the minimum criteria for the role and will ensure that appropriate support is provided where required.

Confidential References:

Please provide two employment references, one of which should be from your current or most recent employer and both should be from people who are able to comment on your conduct and behaviour at work and know you in a professional capacity (eg as your line manager, supervisor or client). If you are unable to provide employment references (eg you are a school leaver) please provide two alternatives (academic or personal). References may be taken up before interview, therefore please indicate whether this is acceptable below.

Do you wish to be contacted before we approach your referees? **YES/NO**

Referee 1

Name

Position

Organisation

Home Address

Telephone Numbers:

Day

Evening

Mobile:

Email Address:

Capacity:

Referee 2

Name

Position

Organisation

Home Address

Telephone Numbers:

Day

Evening

Mobile:

Email Address:

Capacity:

Rehabilitation of Offenders Act 1974(Exemptions) Order 1975

This position involves substantial access to children and young people and is exempt under the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974(Exemptions) Order 1975.

This means you are 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 will be treated in the strictest confidence and used solely in relation to this application.

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

If yes, please give details of the conviction(s) and the date(s) on a separate sheet and place in a sealed envelope marked for the personal attention of the Chair of the interview panel and attach it to this form.

We shall undertake an Enhanced Criminal Records Check to establish any criminal record upon offer of the position and your signature at the end of this form will be regarded as signifying your agreement that this may be done.

Declaration

I declare that the information on this form is correct and complete to the best of my knowledge and belief.

Signature of Candidate

Date

EQUAL OPPORTUNITIES
PRIVATE & CONFIDENTIAL

In order to ensure the Hatch Warren Community Association meets the requirements within its equal opportunities policy all applicants are asked to place a tick in the relevant boxes below and complete the required details. This information will be used solely for monitoring purposes and will be treated as confidential and will be separated from your completed application form before short-listing of candidates takes place. Thank you for your cooperation.

Position Applied for:

My gender is: Male/Female

My age is years old

Date of Birth is:

I would describe my cultural and ethnic origin as:

White:

British

Irish

Other White

Background:

Asian or Asian British:

Indian

Pakistani

Bangladeshi

Any other Asian

Background:

Mixed:

White & Black Caribbean

White & Black African

White & Asian

Any other mixed

Background:

Black or Black British:

Caribbean

African

Any other Black

Background:

Chinese or other ethnic group:

Chinese

Other ethnic group:

The Disability Discrimination Act 1995 defines a disabled person as ‘a person who has or had had in the past a physical or mental impairment which has substantial long term adverse effect on their ability to carry out normal day to day activities’.

Under this definition do you consider yourself to be disabled with respect to the position applied for?

Yes No

If yes please indicate:

Sight Impairment Hearing Impairment Physical Impairment

Mobility Impairment Other:

National Insurance Number:

Publication in which you saw this post advertised:

Name:

Signed: Date: