#### HIVE INCLUSION SUPPORT WORKER APPLICATION FORM

*Please complete this form electronically (start typing in the shaded area) or in black ink*

## **PART A: PERSONAL INFORMATION**

|  |  |
| --- | --- |
| Position applied for |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Surname (block capitals) |  | Title: |  |
| Preferred first name |  | | |
| Names in full (block capitals) |  | | |
| Address (including postcode) |  | | |
| Phone (for us to contact you) |  | | |
| Email: |  | | |
| Are you eligible to work in the UK? |  | | |
| National Insurance number |  | | |

### **PART B: PERSONAL PROFILE**

Please summarise in no more than 120 words, why you believe you are suited to this position. (You will be able to expand on your experience, competencies and qualifications in Parts C, D and E.)

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|  |

### **PART C: EDUCATION & TRAINING**

Based on the Person Specification, list education, training, any relevant professional qualifications and membership of professional organisations.

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Subject | Awarding Body | Qualification/Grade |
|  |  |  |  |

*Please continue on an additional sheet if necessary (or extend table)*

#### PART D: EMPLOYMENT HISTORY

Starting with your current/most recent employment.

|  |  |  |  |
| --- | --- | --- | --- |
| Dates  Start & Finish | Employer  Name & Address | Job Title, Main Responsibilities  Major Achievements | Final Salary, Reason for Leaving |
|  |  |  |  |

**PART E: INFORMATION TO SUPPORT YOUR APPLICATION**

Looking at the role profile, please explain how your skills, knowledge and experience meet the requirements of the jobs. Please also give any further information that is relevant to your application. (Continue on another sheet if necessary)

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#### PART F: REFERENCES

*Please give the names and addresses of two people whom we may contact for a reference, although Wirral Youth ZONE reserves the right to contact any of your former employers. References given should cover the last 5 years of your employment. The first of your references must be your present employer. If you are unemployed, this should be your last employer. Or if this is your first job, your headteacher or college tutor. Personal references (e.g. from your GP or friends) are not acceptable*.

|  |  |  |
| --- | --- | --- |
|  | CURRENT EMPLOYER | SECOND REFERENCE |
| Name |  |  |
| Job title |  |  |
| Organisation |  |  |
| Address |  |  |
| Phone |  |  |
| Email |  |  |

|  |  |
| --- | --- |
| How do you know your second referee? |  |
| I give my permission for the above-named referees to provide the required information to Wirral Youth Zone for the purposes of my job application.  Signed: Date: | |

#### PART G: GENERAL

|  |  |  |
| --- | --- | --- |
| REHABILITATION OF OFFENDERS ACT 1974  *Owing to the nature of the work, the youthwork profession is exempt from the previous provisions of the above Act. Therefore applicants are not entitled to withhold information about convictions which for other purposes are ‘spent’ under the provisions of the Act. Wirral Youth Zone has the facility to check for convictions.* | | |
| Have you at any time been convicted of a criminal offence? | |  |
| If ‘Yes’, please give details in strict confidence |  | |
| How did you find out about this position? |  | |
| Do you hold a current full driving licence? |  | |
| For how long have you held this licence? |  | |
| Please give details of current endorsements or driving convictions: |  | |
| If appointed, how soon could you join us? |  | |

###### **PART H: DECLARATION**

|  |  |  |  |
| --- | --- | --- | --- |
| I confirm the information given on this form is correct and complete, and that misleading statements may be sufficient for cancelling any agreements made. I understand also that an Enhanced Disclosure will be sought in the event of a successful application.  I consent to my details being held for the purposes of recruitment and selection, and am aware that my data will only be held for as long as necessary in accordance with data retention guidelines and Wirral Youth Zone’s privacy policy. | | | |
| Signed: |  | Date: |  |

If you are sending this form electronically you will be asked to sign it if you are invited for interview.

**Please return this form by email to:** mark.easdown@thehiveyouthzone.org