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| **JOB APPLICATION** |
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| Please write clearly in black ink or type as appropriate  |
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| **POSITION:**  | Youth and Community Development WorkerPlease state area: | **CLOSING DATE:** | Wednesday 20th November 24 at 5pm |
|  |  |  |  |  |  |  |  |  |  |
| **PERSONAL DETAILS** |
| **Surname:** | **Forenames:** |
| **Date of Birth:** | **National Insurance No.:** |
| **Address:** | **Telephone:** |  |
| **Day:**  |  |
| **Evening**  |  |
| **Mobile:** |  |
| **e-mail:**  |  |
| **Post Code:** | Please indicate preferred method of contact. |  |
| **MEDICAL DETAILS** |
| Do you consider yourself to have a disability | Yes | No |
| Are there any adjustments that may be required to be made should you be invited for an interview? If so please state here: |
| Do you have a medical condition that may prevent you from fulfilling any of the duties that may reasonably be expected of you? |
|  |  |  |  |  | Yes | No |
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| **CONVICTIONS REHABILITATION OF OFFENDERS ACT 1974** |
| Do you have any unspent convictions under the rehabilitation offenders Act 1974? |  |  |
|  |  |  |  |  | Yes |  | No |  |  |
| Please note: Employment will be subject to a satisfactory Disclosure and Barring Service (DBS) check. |  |
|  |  |  |  |  |  |  |  |  |  |
| **CHILD PROTECTION** |
| Do you have any previous convictions, cautions, bind-overs or pending cases which may affect your suitability to work with young people? |
|  |  |  |  |  | Yes |  | No |  |  |
| If you have answered **YES** to any question regarding convictions, child protection or medical information please give details on a separate sheet and place in an envelope marked "Private and Confidential". |
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| **EQUAL OPPORTUNITIES MONITORING FORM** |
| This information will be treated in the strictest confidence and will be used only for statistical monitoring. It is not part of the selection process and will be separated from the application form prior to shortlisting.North Yorkshire Youth Limited is committed to equal opportunities for all, irrespective of age (except the normal retirement age of 65 for paid staff), caring responsibilities, class, colour, disability, gender, geographical location, marital status, mental health, nationality, parental status, racial origin, religious belief, sexuality or unrelated criminal conviction.So that we can monitor the implementation of our policy we are seeking your help. It would be of great assistance in pursuing our commitment to equal opportunities if you would complete this monitoring form. |
|  |  |  |  |  |  |  |  |  |  |
| Ethnic group (using the same categories as the 2001 Census). Chose one section from A to E, then cross [X] the appropriate box to indicate your cultural background |
| **A** | **White** |  |  |  |  |  |  |  |  |
|  | White British |  |  |  | Any other White Background |  |  |  |  |
|  | White Irish |  |  |  | Please write in: |  |
|  |  |  |  |  |  |
| **B** | **Mixed** |  |  |  |  |  |  |  |  |
|  | White & Black Caribbean |  |  | White & Black Asian |  |  |  |  |
|  | White & Black African |  |  | Any other Mixed background |  |  |  |  |
|  |  |  |  |  | Please write in: |  |
|  |  |  |  |
| **C** | **Asian or Asian British** |  |  |  |  |  |  |
|  | Indian |  |  |  | Bangladeshi |  |  |  |  |
|  | Pakistani |  |  |  | Any other Asian Background |  |  |  |  |
|  |  |  |  |  | Please write in: |  |
|  |  |  |  |  |  |
| **D** | **Black or Black British** |  |  |  |  |  |  |
|  | Caribbean |  |  |  | Any other Black Background |  |  |  |  |
|  | African |  |  |  | Please write in: |  |
|  |  |  |  |  |  |
| **E** | **Chinese or other ethnic group** |  |  |  |  |  |  |
|  | Chinese |  |  |  | Any other ethnic group |  |  |  |  |
|  |  |  |  |  | Please write in: |  |
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| Where did you see the post advertised? |
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| **EDUCATION AND QUALIFICATIONS (Please give details in date order with the most recent first.)** |
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| **School, College, University** | **Dates** | **Qualifications gained including subjects, grades or results** |
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| **PROFESSIONAL QUALIFICATIONS** |
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| **COURSES ATTENDED/SKILLS ACQUIRED** |
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| **PRESENT OR MOST RECENT EMPLOYMENT / VOLUNTEER PLACEMENT** |
|  |  |  |  |  |  |  |  |  |  |
| **Job title:** | **From/to:** |
| **Organisation:**  | **Notice Period:**  |
| **Address:**  | **Salary:** |
| **Other Benefits:** |
| **Post Code:** |
| **Telephone No.:**  | **e-mail:** |
| **Manager: Name and Title:**   | **How many staff / volunteers were you responsible for?**  |
| **Nature of business:**  |
| **Your responsibilities:**  |
| **Why do/did you want to leave?** |
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| **DRIVING** |
| Do you hold a current drivers license | Yes | No |  |
| Has your driving license ever been endorsed | Yes | No |
| If so please give details below: |

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| **PREVIOUS EMPLOYMENT/VOLUNTARY WORK (Please start from most recent)** |
|  |  |  |  |  |  |  |  |  |  |
| **From** | **To** | **Organisation** | **Position and brief description of duties** | **Reason for leaving** |
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| **INFORMATION TO SUPPORT YOUR APPLICATION** |
|  |  |  |  |  |  |  |  |  |  |
| **Why should we appoint you for this position?** Please read the Job Description and Personal Specification (which accompany this form) and give details of your skills, knowledge and experience to demonstrate your suitability for this position. |
| (Additional information that you feel may support your application can be included on separate A4 sheets) |
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| **REFERENCES** |
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| Please give the name, address and telephone number of three people we can contact for a reference. One referee must be your current or most recent employer or if a college/university leaver your Department Head or Tutor.**All job offers are subject to satisfactory references.** |
| **REFERENCE ONE**  |
| **Name:**  | **Address:**  |
| **Occupation:**  |
| **Relationship:**  |
| **Telephone:**  |
| **Fax:**  |
| **e-mail:**  | **Post Code:**  |
| Please tick if you **do not** wish us to contact this referee before interview |  |
|  |  |  |  |  |  |  |  |  |  |
| **REFERENCE TWO** |
| **Name:**  | **Address:**  |
| **Occupation:**  |
| **Relationship:**  |
| **Telephone:**  |
| **Fax:**  |
| **e-mail:**  | **Post Code:**  |
| Please tick if you **do not** wish us to contact this referee before interview |  |
|  |  |  |  |  |  |  |  |  |  |
| **REFERENCE THREE** |
| **Name:**  | **Address:**  |
| **Occupation:**  |
| **Relationship:**  |
| **Telephone:**  |
| **Fax:**  |
| **e-mail:**  | **Post Code:**  |
| Please tick if you **do not** wish us to contact this referee before interview |  |
|  |  |  |  |  |  |  |  |  |  |
| **DECLARATION** |
| I certify that the information given in connection with this application is true and correct to the best of my knowledge and agree that it should form part of the basis of my engagement. Any false information may be sufficient cause for rejection or, if employed, dismissal without notice. If you have filled in this form electronically you will be asked to sign this form if you are invited for interview.  |
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| **Signature** |   | **Date** |   |
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