

**THE SOUTH WEST NORFOLK YOUTH OPPORTUNITIES PROJECT**

The SWAN Centre, Paradise Road, Downham Market, Norfolk, PE38 9JE

# **JOB/VOLUNTEER APPLICATION FORM**

|  |  |
| --- | --- |
| The SWAN Youth Opportunities Project is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment.  All information you supply will be treated confidentially. Please complete this form clearly using blank ink or type. The decision to invite you for the interview will be based on the information you provide in the application form & you may not be short-listed if you do not complete the form correctly. You must also complete the Additional Information form. | |
| **Post Applying For:** | **Closing Date** |
| **SECTION 1: PERSONAL DETAILS** | |
| **Last Name:** | *Title:* |
| **First Name:** | |
| **Correspondence Address:**  *Post Code:* | |
| **Day Time Telephone Number:**  **Mobile Number**  **Email Address:** | **NI Number:**   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  | |
| **Can we contact you at work:** Yes No  \**please circle as necessary* | If relevant to the post applied for, do you hold a full driving licence valid in the United Kingdom?  Yes No  \**please circle as necessary* |
| **Are you free to remain and take up work in the**  **United Kingdom with no current immigration restrictions?** Yes No \**please circle as necessary* | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION 2: EMPLOYMENT DETAILS** | | | | | | | | | |
| ***A. PRESENT EMPLOYMENT*** (or most recent if you are no longer employed) | | | | | | | | | |
| Name of Employer |  | | | | | | | | |
| Address (including Post Code) |  | | | | | | | | |
|  | | | | | | | | |
| Title of Post |  | | | | | **Notice Period** | | |  |
| Date of Appointment |  | | | | | **Last Date in Service** | | |  |
| Annual salary |  | | | | | Full time / Part Time | | |  |
| **Please state your main duties and responsibilities briefly** | | | | | | | | | |
|  | | | | | | | | | |
| **Reason for leaving**  (if no longer employed)**:** | | | |  | | | | | |
| ***B. PREVIOUS EMPLOYMENT*** (most recent employer first). | | | | | | | | | |
| Name of Employer | |  | | | | | | | |
| Address (including Post Code) | |  | | | | | | | |
|  | | | | | | | |
| Title of Post | |  | | | | | | | |
| Date of Appointment | |  | | | **Last Date in Service** | |  | | |
| Annual salary | |  | | | Full time / Part Time | |  | | |
| **Summary of main duties/responsibilities** | | | | | | | |  | |
|  | | | | | | | | | |
| Continue on a separate sheet if necessary | | | | | | | | | |
| **Reason for leaving** | | |  | | | | | | |
| Please set out any details from earlier jobs on a separate sheet. | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***SECTION 3: EDUCATION QUALIFICATIONS &TRAINING*** | | | | | | | | |
| 1. ***QUALIFICATIONS OBTAINED FROM SCHOOLS, COLLEGES AND UNIVERSITIES.***   Please give details of all school examinations, certificates, diplomas, degrees and membership of professional bodies. Please provide the place of study, examining or awarding body, grade or level, dates of study, full or part time and date of award where relevant. You will be asked to provide evidence of these if your application is successful. Please list your highest qualification first: | | | | | | | | |
| **College, University & School** | Dates | | | | **Course taken** | | F/T or P/T | Result |
|  | From | | To | |  | |  |  |
| Continue on a separate sheet if necessary | | | | | | | | |
| ***TRAINING AND DEVELOPMENT***  Please give details of any relevant training and development courses or non-qualifications courses attended by you. | | | | | | | | |
| **Title of Training Programme or Course** | | **Dates** | | | | **Training Awarding Body** | | |
|  | | From | | To | |  | | |
| Continue on a separate sheet if necessary | | | | | | | | |

|  |
| --- |
| ***SECTION 4: PERSONAL STATEMENT*** |
| **Abilities, skills, knowledge and experience.**  Please outline how you meet the requirements outlined in the Person Specification of the Job Description. You should use examples from previous employment including voluntary work. Curriculum vitae will not be accepted in place of any information required in this form. Please attach continuation sheets if necessary. |
|  |
| Continue on a separate sheet if necessary |

|  |  |
| --- | --- |
| **SECTION 5: ADDITIONAL INFORMATION** | |
| This sheet must be completed and returned with your application form. It will be separated from your application form. All information given will be dealt with on a confidential basis. | |
| ***PROTECTING CHILDREN AND VULNERABLE ADULTS*** | |
| **Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Order 1986**  This post involves active and regular contact to vulnerable young people, due to which it is necessary for you to disclose all criminal cautions and convictions you may have, even those which might otherwise be deemed as being spent under the above Act.  Providing false information or withholding relevant information is an offence that could result in the application being rejected, summary dismissal if recruited and possible referral to the police. | |
| Do you have any criminal convictions or cautions? lf yes, please give details / dates of offence(s) and sentence:  Additionally, please also provide details of any criminal charges or summons pending against you. | |
|  | |
| ***DISABILITY DISCRIMINATION ACT*** | |
| ***The SWAN Youth Opportunities Project is an Equal Opportunities Employer and is Positive about Employing Disabled people. If you have a disability that SWAN should know about, please give details.*** | |
|  | |
| ii) Do we need to make any specific arrangements in order for you to attend the interview? Yes No \**please circle as necessary* | |
| iii) If yes, please give details: | |
| ***HEALTH*** | |
| Please give the extent of your absences from work through ill health or injury over the last 24 months, showing the number of periods of absence, total time off (e.g. 3 periods = 11 days in total) and any details. | |
| Number of days sickness absence in the last 24 months: |  |
| Please state number of occasions in the last 24 months: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION 6: REFERENCES** | | | | | | | | |
| Please give the names and addresses of TWO referees, not related to you or writing solely in the capacity of friends. The referees must be your current or most recent employer (s), both of whom should have known you in your professional capacity for at least a year. Please contact us if this is not possible due to longevity of contact or if you have any other concerns. | | | | | | | | |
| **Reference 1** | | | | **Reference 2** | | | | |
| **Name:** |  | | | **Name:** |  | | | |
| **Position:** |  | | | **Position:** |  | | | |
| **Work Relationship:** |  | | | **Work Relationship:** |  | | | |
| **Organisation:** |  | | | **Organisation:** |  | | | |
| **Address (including post-code):** |  | | | **Address (including post-code):** |  | | | |
|  | | |  | | | |
|  | | |  | | | |
| Telephone: |  | | | **Telephone:** |  | | | |
| E-mail: |  | | | **E-mail:** |  | | | |
| Are you willing for this referee to be contacted prior to the interview? | | Yes | No | Are you willing for this referee to be approached prior to the interview? | | | Yes | No |
| **SECTION 7: STATEMENT TO BE SIGNED BY THE APPLICANT** | | | | | | | | |
| I understand that the offer of appointment will be subject to satisfactory references, an enhanced CRB disclosure, proof of & qualifications and successful completion of probationary period. I also understand that false or misleading information will disqualify me from appointment or if appointed will render me liable for summary dismissal.  I certify that all the information given by me on this form is correct to the best of my knowledge and all questions relating to me have been accurately and fully answered. I also certify that I have read and, if appointed, am prepared to accept the conditions set out in the conditions of employment and the job description. | | | | | | | | |
| Signed: |  | | | **Date:** | |  | | |

**Equal Opportunities Monitoring Form**

The SWAN Opportunities Project is an Equal Opportunity Employer. In order to monitor the effectiveness of our recruitment policies and procedures, we request you to complete this form. The information provided is strictly confidential & will be used only for monitoring. It will not affect any short-lists or interviews conducted.

|  |
| --- |
|  |

**I) Position applied for: Location**

**II) Gender (tick appropriate)  Male  Female**

**III) Ethnic origin**

**a) White b) Mixed Heritage**

**** British **** White and Asian

**** Irish **** White and Black Caribbean

**** Any other White Background **** White and Black African

**** Any other Mixed Background

**c) Asian d) Black, Black British, African American**

* Chinese **** Caribbean
* Indian **** African
* Pakistani **** Any other Black Background
* Bangladeshi

**** Any other Asian Background

** Any Other Ethnic Background**

**IV a) Date of birth:**

**IV b) Age range:**

**** 16-18 **** 19-25

**** 25-44 **** 45-59

* 60-65 **** Above 65

**V) Disability details**

Do you have a disability? Yes No

(Under the Disability Discrimination Act (DDA) a disability is defined as physical, sensory or mental impairment which has a substantial and long-term adverse effect the ability to carry out normal day to day activities)

**VI) Marital Status**

* Single  Married

**VII) Do you have caring responsibilities?**

* Yes No

**VIII)** **Where did you see this post advertised?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_