**CHEXS**



**(Registered charity number 1153769)**

**Supporting Families and the Local Community**

**APPLICATION FORM**

**POSITION APPLIED FOR**: Children and Young People Support Worker

Completed applications to be emailed to lindaj@chexs.co.uk

**The following information will be treated in the strictest confidence.**

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| --- |
| **Personal details** |

(Please complete this section in BLOCK CAPITALS)

Surname: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

First name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Address: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Postcode: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Home telephone number: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Mobile telephone number: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Full Driving Licence: **Yes / No** Endorsements: **Yes / No**

If YES, please give further details including dates:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Driving Licence Issued: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you involved in any activity which might limit your availability to work or your working hours e.g., local government? **Yes / No**

If YES, please give full details:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you subject to any restrictions or covenants, which might restrict your working activities?

**Yes / No**

If YES, please give full details:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you willing to work overtime and weekends if required? **Yes / No**

Please give details of any hours that you would not wish to work:

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Are you aged over 18? **Yes / No**

It is a criminal offence for barred individuals to apply to work in a regulated activity with children, young people or adults at risk. Are you on a barred list? **Yes / No**

If offered employment, we are required to check your up to date DBS status before you are permitted to start work.

Do you have a DBS certificate? **Yes / No**

If yes, are you a current member of the Update Service **Yes / No**

If yes, do you consent to this Update Service check being made by the Company? **Yes / No**

Do you have any convictions, cautions, reprimands or final warnings that are not "protected" as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013) by SI 2013 1198? (A copy of the Charity’s Equal Opportunities Policy and Disclosure and Disclosure Information Policy is available on request. These reflect the DBS Code of Practice).

**Yes / No**

If YES, please give full details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If offered employment, you will be required to complete a Medical Questionnaire. Are you prepared to undergo a medical examination before employment? **Yes / No**

Have you ever worked for the Company before? **Yes / No**

If YES, please give full details:

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Have you applied for employment with CHEXS before? **Yes / No**

Do you need a work permit to take up employment in the U.K.? **Yes / No**

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| **Education** | | | |
| Name and address of institution | From | To | Qualifications achieved |
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| --- | --- | --- |
| **Job related training courses** | | |
| Name of organisation | Date | Subject |
|  |  |  |

Please give details of membership of any technical or professional associations:

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Please list languages spoken and the level of competence:

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| **Most Recent Employment History** | | | | | |
| **Name and address of current / latest employer/organisation:** | | | | | **Post Code:** |
| **Brief outline of duties:** | | | | | |
| **Post Title:** | | **Dates From:** | | | **To:** |
| **Salary:** | | **Other benefits:** | | | **Notice period required:** |
| **Reason for leaving:** | | | | | |
| **Previous Employment List** in date order with the most recent first and use extra sheets if necessary. | | | | | |
| Name and address of employer | From | | To | Job title, brief description of duties & reason for leaving | |
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| **Knowledge, Skills And Experience Relevant To The Post** | | |
| **Q1**. Please tell us what experience you have of working within a support worker or mentor role and how you have engaged with hard to reach Children & Young People and/or families. | | |
| **Q2.** Please give us an example of when you have experienced a challenging situation at work, and how you managed this. | | |
| **Q3.** What do you think the important factors are for successful teamwork? | | |
| **Personal Statement**  Referring to the job description and person specification, please outline how your skills, experience, and attributes meet the criteria for the position and how your qualities best suit the role, giving clear examples. Using no more than 1 side of A4 | | |
| **Other relevant information relating to the post** | | |
| This is your opportunity to detail any further information (training, qualifications, memberships of professional bodies) that you feel will enhance your application and have not had the opportunity to do so already. | Relevant dates: | |
|  |  | |

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| --- | --- |
| **References** | |
| **Please give details of two people who can provide a reference for you. One of these should be from your current or most recent employer. If you do not wish us to contact either referee before informing you, please put an ‘x’ in the box below.**  All job offers are subject to the receipt of two satisfactory references | |
| Name:  Job title:  Work relationship:  Company name:  Address:  Telephone:  Email address:  DO NOT CONTACT BEFORE INFORMING ME   |  | | --- | |  | | Name:  Job title:  Work relationship:  Company name:  Address:  Telephone:  Email address:  DO NOT CONTACT BEFORE INFORMING ME   |  | | --- | |  | |

**Declaration**

I declare that the information given in this form is complete and accurate. I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable to summary dismissal. I understand these details will be held in confidence by the Company, for the purposes of ongoing personnel administration and payroll administration in compliance with the General Data Protection Regulations. I undertake to notify the Charity immediately of any changes to the above details.

Given the nature of the job for which I have applied, I understand that any offer of employment will be subject to information on my criminal record being disclosed to the Company by the Disclosure Barring Service. (Please note that the amendments to the Exceptions Order 1975 (2013) provide that certain spent convictions and cautions are 'protected' and are not subject to disclosure to employers, and cannot be taken into account. (Guidance and criteria on the filtering of these cautions and convictions can be found at the Disclosure and Barring Service website*.*)

I can confirm that I have seen the CHEXS Equal Opportunities and Diversity Policy, which includes information relating to the recruitment of ex-offenders on the CHEXS website.

Name: Signed: Date: