



Application Form

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| Position applied for: Activities Leader – 15 hours <input type="checkbox"/> | Closing date: Friday 14 th January 2022 12 noon |
| Surname: | First names: |
| Address: | Telephone: Email: |

Education (from age 11)

| Date From/To | Name of School, College or University | Qualifications Gained |
|--------------|---------------------------------------|-----------------------|
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Employment based training qualifications:

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Employment Record - Please list all employment, starting with your present or most recent position. Continue on a separate sheet if necessary.

| <i>Date From/To</i> | <i>Position Held/Duties</i> | <i>Name and address of Employer</i> | <i>Reason For Leaving</i> |
|---------------------|-----------------------------|-------------------------------------|---------------------------|
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References – please provide contact details of 2 referees. One must be your current or most recent employer:

| Referee 1 | Referee 2 |
|----------------------------------|----------------------------------|
| <i>Name</i> | <i>Name</i> |
| <i>Address</i> | <i>Address</i> |
| <i>Email address</i> | <i>Email address</i> |
| <i>Telephone</i> | <i>Telephone</i> |
| <i>May we approach them now?</i> | <i>May we approach them now?</i> |
| Yes No | Yes No |

Information in support of your application

Please give your reasons for applying for this position and include what skills and experience you have that will enable you to perform the role to a high level.

Please continue on separate sheets if necessary.

Personal Details

| | | | | |
|---|-----|--------------------------|----|--------------------------|
| Do you require a work permit to take up employment in the UK? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Do you hold a current clean driving licence? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Rehabilitation of Offenders Act (1974)

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|---|-----|--------------------------|----|--------------------------|
| Do you have any convictions that are unspent under the rehabilitation of offender's act 1974? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| If yes, please give details / dates of offence(s) and sentence: | | | | |
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Protecting Children and Vulnerable Adults

The post you are applying for has a requirement for an enhanced DBS/CRB police check.

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|---|
| Are you aware of any police enquires undertaken following allegations made against you, which may have a bearing on your suitability for this post? |
| Yes <input type="checkbox"/> No <input type="checkbox"/> |

Health

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|---|--|
| Number of days sickness absence in the last 2 years: | |
| Please state number of occasions in the last 2 years: | |

Disability

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|--|-----|--------------------------|----|--------------------------|
| Do you have a disability relevant to your application? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| If yes, please give details: | | | | |
| | | | | |
| We will try to provide access, equipment or other practical support to ensure that people with disabilities can compete on equal terms with non-disabled people. | | | | |

Declaration:

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| <i>I would like to be considered for the above position and confirm that all statements included in this application are accurate and a true and complete record</i> | |
| Signature | Date |
| | |

Please return your completed application by the closing date via email only to:

manager@workingtogetherludlow.co.uk

Please state **Activities Leader Application** clearly in the subject line.