**WAM Youth Application form**

*Please complete this application form electronically or in black ink using block capitals.*

**Section One: About You**

**Post applied for:**

**Full Name:**

**Preferred Name:**

**Address:**

**Contact Phone Number:**

**Contact Email Address:**

**Do you possess the right to work in the UK?** Yes/No *(delete as appropriate)*

**Do you possess a current full driving licence?**

**Details of endorsements**

**Groups/expiry date**

**Do you own or have use of a car/other form of motorised transport?**

**Section Two: Employment History or Significant Volunteering Roles related to the post applied for**

*How much notice is required in your current post?*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **From, to (month, year)** | **Name and address of employer** | **Job title and duties (Please start with your current or most recent employment)** | **Salary at leaving** | **Reason for leaving** |
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|  |  |  |  |  |

*Continue on a separate sheet if necessary.*

**Section Three: Education History**

Please give details of any higher/further education (post-GCSE) qualifications, when and where study was undertaken and grades obtained.

|  |  |  |
| --- | --- | --- |
| **From** | **To** | **Institution & Qualification** |
|  |  |  |
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Please give details of any relevant professional training you have undertaken

|  |  |  |
| --- | --- | --- |
| **Date** | **Organisation** | **Details of training received** |
|  |  |  |
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|  |  |  |
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**Section Four: You and the Role**

1. *Please describe why you are interested in this role?*
2. *Explain why you believe you are a suitable candidate for this role relating your experience and character to the job description (continue on a separate sheet if necessary)*

**Section Five: Disclosure**

**(The disclosure of any offence may not prohibit employment. If you answer ‘Yes’ to any of the following questions, please give full details in the additional information section, as we may need to discuss this with you.)**

**CONVICTION HISTORY**

If you have never been convicted of a criminal offence and never received a caution, reprimand or warning then please select ‘No’ below. If you have an unspent criminal offence, caution, reprimand or warning (according to DBS filtering rules), please select ‘Yes’ below.

Yes / No

For exceptions to this legislation or for more information please refer to the Rehabilitation of Offenders Act 1974 and the DBS filtering guidance. Having read the above, do you have any unspent convictions, are you at present the subject of a criminal investigation / pending prosecution?

Yes / No

**POLICE INVESTIGATIONS**

Have you ever been the subject of a police investigation that didn’t lead to a criminal conviction (and is not subject to DBS filtering rules)?

Yes / No.

To your knowledge have you ever had any allegation made against you, which has been reported to, and investigated by, Social Services / Social Work Department (Children’s or Adult Social Care)?

Yes / No.

Has there been any cause for concern regarding your conduct with children, young people, vulnerable adults? Please include any disciplinary action taken by an employer in relation to your behaviour with adults.

Yes / No.

**Section Six: References**

*Please give names and addresses of two persons from whom we may obtain both character and work experience references (one must be your present or most recent employer and the other must have known you for at least two years). Please obtain their permission. If you are applying for a post which requires unsupervised access to children/vulnerable adults, we reserve the right to approach any past employer for a reference.*

|  |  |  |
| --- | --- | --- |
| Name: |  |  |
| Position: |  |  |
| Occupation: |  |  |
| Address:  Postcode: |  |  |
| Telephone: |  |  |
| Email: |  |  |
| Relationship with applicant: |  |  |

May we approach your referees prior to interview? Yes/No

**Section Seven: Declaration**

*Please read this carefully before signing this application.*

1. **I confirm that to the best of my knowledge and belief, the above information is complete and correct and that any untrue or misleading information will give WAM Youth the right to terminate any employment contract offered.**

1. **I agree that WAM Youth reserves the right to ask relevant questions about an individuals’ health after an offer has been made, and only where appropriate will request a health assessment. Should further information be required and WAM Youth wish to contact a doctor with a view to obtaining a medical report, the law requires them to inform the individual of this intention and obtain their permission prior to contacting their doctor. Information WAM Youth receives will only be retained on a personnel file during an individuals’ tenure in post and will be only stored/processed in accordance with the Data Protection Act.**
2. **I consent to a criminal records check if appointed to the position for which I have applied. I am aware that details of pending prosecutions, previous convictions, cautions, or bindovers against me may be disclosed along with any other relevant information which may be known to the police and that this may result in any offer of employment being withdrawn or my employment terminated.**
3. **I agree to inform Gemma Madle, the person within WAM Youth responsible for processing disclosure applications, if I am convicted of an offence after I take up my role within WAM. I understand that failure to do so may lead to the immediate suspension and / or termination of my work with children.**
4. **I agree to inform Gemma Madle if I become the subject of a police and / or a social services (Children’s Social Care) / Social Work Department investigation. I understand that failure to do so may lead to the immediate suspension of my work with children and / or the termination of my work with WAM Youth.**
5. **I confirm that I am not barred from working with children or vulnerable adults.**

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_ \_\_\_\_\_**

**Name:\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please return this to:  
Gemma Madle  
WAM Youth, 9 Gretton Road, Winchcombe, Glos, GL54 5EE**[**gemma@wamyouth.org.uk**](mailto:gemma@wamyouth.org.uk)