

Youth and Children's Worker APPLICATION FORM



Please specify which role you are applying for. You are welcome to apply for one or both roles:

Children's Worker (0-11s)

Youth Worker (11-18s)

1. Personal Information

Title		
Forename(s)		
Surname		
Known as		
Previous names by which you have been known		
Date of birth		
Home address (incl postal code)		
Email address		
Daytime contact number	Mobile contact number	Evening contact number

2. Education, Training & Qualifications Information

Please give details of any relevant training and qualifications which you feel equip you for this role. Please include dates.

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3. Employment & Voluntary Work Experience

Please provide a full history (with dates wherever possible) of any previous experience you may have which you feel equips you for this role, whether paid or voluntary.

4. Church Involvement

Please provide details of your church involvement (current and previous).

5. Why do you want to apply for this post?

Please tell us what skills & qualities you think you would bring to the role. Please also tell us about any skills or experience you hope to gain through this opportunity:

6. How can we support you?

Please provide information about any disability or health issue that we should be aware of in order to support you in this role.

7. References

At least 2 references will be sought after interview, 1 from work/volunteer experience as in section 3, the other can be a personal referee from Church or elsewhere. Referees must be over 18 and not be family members or relatives. Please provide email addresses where possible

Name	
Contact number	
Address (incl postal code)	
Email addresss	
In what capacity do you know this person?	
Name	
Contact number	
Address (incl postal code)	
Email addresss	
In what capacity do you know this person?	

8. Declaration

I confirm that to the best of my knowledge the information I have provided on this form is correct.

I understand that any offer of appointment is subject to references, a clear enhanced DBS check and confirmation of my right to work in the UK.

I understand that if I am appointed to this role I will need to undertake relevant safeguarding training.

Name (Print)	
Date	
Signed	

If you would like to arrange a visit or an informal chat over the phone, please contact our churchwarden, Mary Nicholls on wardens@stmarysbletchley.org.

Please return your completed form to wardens@stmarysbletchley.org.

St Mary's Church Office, Church Green Road, Bletchley, MK3 6BJ

Registered Charity Number 1128447

www.stmarysbletchley.org