

CHILDRENS PLAYLINK APPLICATION FORM

Please complete this form as fully and clearly as possible, using black ink or type. ***Please do not send any enclosures at this stage.***

Position applied for:	
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Section one: PERSONAL INFORMATION
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Title (Dr, Mr, Mrs, Miss etc)	Surname	Forenames
Date of Birth	National Insurance No.	Email Address
Address	Contact Telephone Numbers	
	Home: Mobile:	
Postcode:		

Where did you hear about this job?	
<p>I confirm that all the information I have given on this application form is, to the best of my knowledge, accurate.</p>	
Signature	
Date	

Please return your completed application form to:
Childrens Playlink
Fromside Youth Centre, Watleys End Road, Winterbourne, South Glos BS36 1QG

Section two: **EDUCATIONAL INFORMATION**

Please tell us about your education, beginning with the most recent.

Dates		Name of School, University, College
From	To	

Please tell us about your educational and professional qualifications, beginning with the most recent.

Title of Examining Board	Type of Qualification e.g. GCSE	Level e.g. "O" or "A" level	Full title of subject taken	Grade/Mark

Section three: **EMPLOYMENT INFORMATION**

Please give brief details of all full and part time work, including any periods of self-employment. Also include any gaps in employment and specify the reasons. Please start with most recent/current employer.

Name, Address and Business of Employer	Dates		Job Title and Nature of Work	Reason for Leaving
	From	To		

Please continue on a separate sheet if necessary.

Section four: **CANDIDATE SUITABILITY**

Please relate the information you give in this section to the skills listed in the job description.

Why do you feel that you are a suitable candidate for this post?

Please continue on a separate sheet if necessary.

Section five: **REFERENCES**

Please give (in BLOCK LETTERS) the names of two referees. The references should cover the last 5 years. One referee should be from your present or most recent employer, or, if you have been in education, your last school, college or university. We will not contact your referees without informing you.

First Reference		Second Reference	
Name		Name	
Address		Address	
Postcode		Postcode	
Telephone		Telephone	
E-mail address		E-mail address	

Section six: **MEDICAL**

If you have any medical condition that would affect you carrying out the tasks outlined in the job description, please give details.

Please state the number of days sickness in the past 12 months.

Section seven: **MOBILITY INFORMATION**

Do you hold a current driving licence?

Yes/No

Do you have access to a vehicle?

Yes/No