



Children • Families • Community

The information provided on this application will remain private and confidential and will only be used for the purpose of selection/recruitment or for subsequent employment and administration if the application is successful. You will also find advice notes to assist you in completion of the form. Please read these notes before completing the form.

Please use **BLOCK CAPITALS** and complete in **black ink**.

Please return your completed form, marked confidential, by post or email to arrive by 12.00pm Friday 9th June 2023 to the following address:

Kaden Charley, Cheviot Youth, The Kelso Hub, The Planet, Abbotseat Road, Kelso TD5 7SL or email your application to kadencharley@cheviotyouth.co.uk

**APPLICATION FOR THE POST OF
YOUTH WORK ASSISTANT**

Name:

Address:

Postcode:

Tel No:

Email:

When would you be able to start?

Summary of educational qualifications followed by details of relevant training courses

DATES

ESTABLISHMENT

QUALIFICATIONS

Employment Details - starting with current/most recent post

DATES	EMPLOYER	JOB DESCRIPTION AND EXPERIENCE	REASON FOR LEAVING
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Details of other relevant experience, including voluntary work (if applicable)

DATES

ORGANISATION

EXPERIENCE

I am experienced in the use of the following IT applications (please tick):

Word

Excel

Access

Email/Internet

Name & Address of two referees:

Present/previous employer

Personal

Tel no.

Tel no.

References will be taken up after interview and only for the appointed candidate.

Personal statement in support of application (Maximum 2 sides A4. Please insert additional page if required).

GENERAL INFORMATION

Do you have any recurring health conditions likely to affect your ability to perform this post or which may require support in the workplace? Yes / No

Please give details of any sickness over the past two years and number of days' absence.

Do you have a current clean driving licence? Yes No If No, please specify:

Are you currently eligible for employment in the UK? Yes No

REHABILITATION OF OFFENDERS ACT 1974

If you have previously been convicted of any offences, please give details unless the conviction can be regarded as 'spent' in terms of the Rehabilitation of Offenders Act 1974

You will be required to provide a satisfactory Enhanced Disclosure Certificate.

DECLARATION

(NB: You need only sign with your initial and surname)

I declare that to the best of my knowledge and belief all particulars I have given in this application are complete and true. I understand that any false or misleading statement or any significant omission may disqualify me from employment and render me liable to dismissal.

Applicant's signature:

Date