

PLAYWORKER APPLICATION FORM

CONFIDENTIAL

Position applied for:	
Closing date:	
Please state how you found out about the vacancy:	

1. Personal Details

Surname:	
Forenames (in full):	
Any former names you have been known by:	
Address:	
Postcode:	
Telephone (evening):	
Telephone (day):	
Mobile:	
Email:	
National Insurance No.	

2. Career History (including voluntary, home based or part time work)

Employer's Name	
Employer's Type of Business	
Employer's Address	
Your Job Title	
Dates: (from – to)	
Final Salary:	
Reason for leaving:	
Notice required:	
Briefly describe your current employment duties and responsibilities:	

3. Previous Employment

- Please provide details of your previous employment history, starting with the most recent job and
- Please account for any periods of time not spent in further education or employment.
- For posts within the last 5 years please confirm salary details.
- Please include any voluntary, home based or part time work. (Please continue on a separate sheet if necessary)

Name & address of employer	Position held	Dates (from – to)	Final salary	Reason for leaving

4. Education, Professional Qualifications and Training

Where applicable, please include details of examinations taken or about to be taken for which results are not yet available.

Please include all educational institutions attended, all professional qualifications and any training courses attended if relevant to the person specification.

Qualification	Institution or Accredited Body	Date gained	Level attained or award given

5. Most relevant experience/skills/abilities/reasons for applying

The job description details the key areas of responsibility and tasks involved.

The person specification details key areas of knowledge, experience and skills required to do the job.

You must demonstrate in this section how you meet the person specification. Whether or not you are short listed for interview will depend on how well you demonstrate your ability to meet these essential criteria.

Please attach additional sheets if necessary.

Please note:

Curriculum Vitae (C.V.s) are not accepted – an application form must be completed in order to apply for this post.

6. Rehabilitation of Offenders Act 1974 (Exemptions Order 1975)

Do you have any convictions, cautions, reprimands or final warnings, or do you have any court cases pending, that are not "protected" or "filtered" as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013).

The amendments to the Exceptions Order 1975 (2013) provide that certain spent convictions and cautions are 'protected' and are not subject to disclosure to employers, and cannot be taken into account. Guidance and criteria on the filtering of these cautions and convictions can be found on the [Disclosure and Barring Service website](#).

Yes No (please tick one)

If yes, please give details, with dates of offences, sentences, cautions, reprimands, final warning and court cases pending.

Date of offence:

Nature of offence:

Sentence or nature of police/court sanction:

The information contained in this form will only be seen by staff involved in the recruitment process.

All our posts require an enhanced disclosure check. Please provide details of any police enquiries made against you, which may have a bearing on your suitability for the post.

Malvern Special Families believes that having a criminal record will not necessarily bar you from working for us. This will depend on the nature of the post and the circumstances and background to the offence(s).

7. Referees

Please give details of two people we may approach for a reference who can comment on your suitability for this position. One referee must be your present or most recent employer and the second a previous employer. Where the applicant is not currently working with children, but has done so in the past, additional references may be required. As all of our posts require an enhanced disclosure check, Malvern Special Families will approach the referees prior to interview. If you **do not** wish us to do this please tick here

Please note that Malvern Special Families has the right to contact any of your previous employers.

a. **First Referee - Your present or most recent employer**

Name of present or most recent Employer:	
Employer's Job Title:	
Place of Work:	
Address to send reference request:	
Postcode:	
Dates of your employment:	From: DD/MM/YYYY To: DD/MM/YYYY
Contact telephone number to confirm reference:	
Contact email address for referee:	

b. Second Referee

If your first reference overleaf is not from your employment with children and/or young people with disabilities, please ensure your second reference is relevant to this kind of work.

Name of Employer:	
Employer's Job Title:	
Place of Work:	
Address to send reference request:	
Postcode:	
Dates of employment:	From: DD/MM/YYYY To: DD/MM/YYYY
Contact telephone number to confirm reference:	
Contact email address for referee:	
In what capacity is this person known to you?	

8. Data Protection

Information given in this application will be controlled under data protection legislation and will be used for the purposes of recruitment within Malvern Special Families. Should your application be successful, the information will then be used for your personnel records and payroll purposes. The information provided will be processed both manually and automatically for these purposes.

9. Declaration

Before signing the declaration please read the following carefully. You must sign this declaration in ink or using a digital image of your signature.

If you omit information that we have asked for, we may not be able to consider your application. If you are appointed to the post, any major omission or inaccurate information relevant to your application could lead to disciplinary and in some case legal action against you.

I declare that the information contained in this form is true and accurate. I understand that if it is subsequently discovered that any statement is false or misleading, my employment may be terminated without notice.

I understand that an enhanced DBS check will be sought in the event of my application being successful and that a post will only be offered upon receipt of a clear enhanced DBS, and two satisfactory references.

Signature:

Date:

PLEASE CONTACT US IF YOU ARE DISABLED AND NEED ANY ADJUSTMENTS FOR THE INTERVIEW.

Please return to: Malvern Special Families, First Floor Offices, 73 Church Street, Malvern, Worcs., WR14 2AE.
 Email: admin@malvernspecialfamilies.org.uk

Please complete the following to authorise our safer recruitment references procedures.

Reference Checking Consent and Authorisation Form

Today's Date:	
Candidate's Full Name:	
Position applied for with Malvern Special Families:	

To Whom it may Concern,

I have applied for employment with Malvern Special Families and have provided information about my previous employment. I authorise Malvern Special Families to conduct a reference check with my present and/or previous employer(s). I understand that reference information may include, but not be limited to, verbal and written inquiries or information about my employment performance, professional attitude, rehire potential, dates of employment, salary and employment history.

I understand and acknowledge that any offer of employment is conditional upon Malvern Special Families being completely satisfied with the information provided as a result of this reference check.

My signature below authorises my former or current employers and references to release information regarding my employment record with their organisations and to provide any additional information that may be necessary for my application for employment to the Malvern Special Families, whether the information is positive or negative. I knowingly and voluntarily release all former and current employers, references, and the Malvern Special Families from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with the Malvern Special Families.

I further authorise the Malvern Special Families to obtain feedback and references from my supervisors over the course of my employment with Malvern Special Families. I understand that subsequent and continued employment with the Malvern Special Families may be subject to this feedback.

I will allow this form to be photocopied, reproduced or emailed and these copies will be as effective as a release or consent as the original which I sign.

Full Name of Candidate		Signature	
Date		NI Number	
Email address		Contact Number	