

Chiltern Lighthouse Mentoring
23, Kings Close, Chalfont St Giles, Bucks, HP8 4HW
01494 873341 Admin@Chilternlighthouse.org
www.Chilternlighthouse.org

Programme Co-ordinator Application Form

Ref. No

Please use this form to give us as much information as you can.
All information on this form is strictly confidential.

Name: _____
(please indicate)

Mr / Mrs / Ms / Miss

Home Address:

Date of Birth: _____

Tel No: Day: _____

Evening: _____

Mobile: _____

Email : _____

Employer: _____

Address:

Education & Qualifications

Do you have a driving licence? YES / NO

Do you have use of a car? YES / NO

Have you had any experience of working (paid or voluntary) with young people? YES / NO

If YES, please give details

Please give details of any training courses you have attended that are relevant.

What skills (including People Skills) knowledge, abilities or life experiences do you have that you feel might be relevant to this work?

Please say what made you consider becoming a Programme Co-ordinator) and any relevant facts about yourself that will support your application (Continue on back sheet if necessary)

Any disability or chronic physical or mental health condition? YES / NO

If YES, please give details

Any physical dependencies that you have had during the past two years on either drugs or alcohol? YES / NO

If YES, please give details.

Please use this page to add any further information that you think will be useful for us to know.

Please give details of Hobbies and Interests:

Previous history

Please complete, starting with current or most recent employer. Continue on a separate sheet if necessary (include voluntary work or time out of work where appropriate)

| Dates employed From (mm/yyyy) | To (mm/yyyy) | Name of employer If appropriate | Role & Responsibilities | Reason for leaving/change |
|--|-------------------------|--|--|--------------------------------------|
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08/12/2011

Registered Charity No 1118926 - Registered in England and Wales No. 5901391

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If there are any gaps in history above, please explain them here

References

Please supply the names and contact details of at least two referees who can comment on your suitability for this position. One should be your current or most recent employer if you have been working. (N.B) if you are not currently working with children but have done so in the past the second referee should be the employer by whom you were most recently employed in work with children otherwise it should be your second most recent employer. Sorry references will not be accepted from relatives, or persons who only know you as a friend.

| | |
|--|--|
| <p>Name:</p> <p>Position: In what capacity do you know the referee?</p> <p>Name of organisation Address</p> <p>Telephone no.</p> | <p>Name:</p> <p>Position: In what capacity do you know the referee?</p> <p>Name of organisation Address</p> <p>Telephone no.</p> |
| <p>Name:</p> <p>Position: In what capacity do you know the referee?</p> <p>Name of organisation Address</p> <p>Telephone no.</p> | <p>Name:</p> <p>Position: In what capacity do you know the referee?</p> <p>Name of organisation Address</p> <p>Telephone no.</p> |

May we contact this referee now? YES/NO

May we contact this referee now? YES/NO

May we contact this referee now? YES/NO

May we contact this referee now? YES/NO

Please note that we will contact the above referees if you are short listed for this volunteer post and seek reference before the interview.

Also, in relation to work with young people we will seek information about any past disciplinary issues relating to children and/or child protection concerns you may have been subject to. If you have any concerns about this please contact me on 01494 873341 to discuss these issues.

Personal Declaration

The position for which you are applying involves contact with children and is exempt from the Rehabilitation of Offenders Act 1974 and all subsequent amendments (England and Wales). For this position you are not entitled to withhold information about police cautions, 'bind-overs', or any criminal convictions including any that would otherwise be considered 'spent' under the Act.

Have you ever been convicted of any offence or 'bind-over' or given a caution YES/NO

If yes, please give details on a separate sheet and attach it to this form in a sealed envelope marked 'Confidential Disclosure'.

I understand that if my application is successful I will be required to obtain a CRB Disclosure at the Enhanced level.

I declare that the information I have given on this form is complete and accurate and that I am not banned or disqualified from working with children nor subject to any sanctions or conditions on my employment imposed by regulatory body or the Secretary of State. I understand that to knowingly give false information, or to omit information, could result in the withdrawal of any offer of appointment, or my dismissal at any time in the future, and possible criminal prosecution.

Signed:.....Date.....

Please Print Name:

Once signed and completed please send to:

Mrs Patricia Pearce
Chiltern Lighthouse Mentoring
23, Kings Close,
Chalfont St Giles
Bucks
HP8 4HW

01494 873341 or admin@chilternlighthouse.org