|  |  |
| --- | --- |
| **Personal Details:** | |
| **Name:** |  |
| **Address:** |  |
| **Telephone Number:** |  |
| **Email address:** |  |
|  |  |
| **Experience/General Information**  Please provide examples of past experience which you feel may be helpful to your application: | |
|  | |

**Revoelution Application Form**

**Once completed please return to:** applications@revoelution.org.uk

**Post**: Youth Worker – April 2019

<http://www.bfcct.co.uk/revoelution-youth-worker%EF%BB%BF/>

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Present Employment**  (or if not currently employed, most recent employment) | | | | | |
| **Name and Address**  **of Employer:** | | |  | | |
| **Your position:** | | |  | | |
| **Date of appointment:** | | | |  | |
| **Notice required**  (or if not currently employed, date of leaving): | | | |  | |
| **Brief outline of duties and responsibilities:** | | | | | |
|  | | | | | |
| **Previous Employment:** | | | | | |
| **Date** | | **Employer** | | **Position Held** | **Reason for leaving** |
| **From** | **To** |
|  |  |  | |  |  |
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| --- | --- |
| **Education and Training**  Please list any relevant educational attainment, qualifications or training courses: | |
| **Educational Establishment/Training Provider** | **Qualification/Course Title** |
|  |  |
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**References** (If possible at least one of these referees should be an employment reference):

|  |  |
| --- | --- |
| **Referee 1** | |
| **Name:** |  |
| **Relationship to you:** |  |
| **Address** (including organisation where applicable)**:** |  |
| **Telephone number:** |  |
| **Email address:** |  |

|  |  |
| --- | --- |
| **Referee 2** | |
| **Name:** |  |
| **Relationship to you:** |  |
| **Address** (including organisation where applicable): |  |
| **Telephone number:** |  |
| **Email address:** |  |

**Rehabilitation of Offenders Act 1974**

Have you a criminal conviction which is current under the Act?

Delete as appropriate: Yes No

If YES, please specify date of conviction, nature of offence and sentence imposed:

|  |
| --- |
|  |

Any information you provide will be treated as strictly confidential and will be considered only if relevant to your application.

**Disability discrimination Act 1995**

Do you consider yourself to be disabled? Delete as appropriate: Yes No

If yes, please give details of:

|  |  |
| --- | --- |
| 1. Your disability: |  |
| b) Any arrangements we would need to make to offer you a fair selection interview should you be shortlisted for this vacancy? |  |