**Application Form**

**PRIVATE AND CONFIDENTIAL**

Brickworks Community Centre • 42 Crouch Hill• London • N4 4BY

T: 020 7686 0253 F: 020 7686 0254 [**www.specialpeople.org.uk**](http://www.specialpeople.org.uk)

**PLEASE USE BLOCK CAPITALS**

|  |  |  |
| --- | --- | --- |
| **PERSONAL DETAILS** | **today’s DATE:** |  |
| Title:  | FIRST name: | surname: |
|  |
| HOME ADDRESS :  |  |
| POST CODE :  |  | EMAIL :  |  |
| HOME no:  |  | mOBILE nO:  |  |
| Date Date of Birth (DD/mm/yyyy) :  |   |
| SEX: | [ ]  MALE[ ]  FEMALE | **\* Please note that certain positions specifically require a particular type**  **of employee, e.g. a same sex job-holder for reason of personal care. \*** |
|  |
| **EDUCATION AND QUALIFICATIONS** |
| SECONDARY/FURTHER EDUCATIONESTABLISHMENTS ATTENDED | DATES | QUALIFICATIONS OBTAINEDSUBJECT / LEVEL AND GRADE |
| FROM | TO |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **EMPLOYMENT RECORD** |
| NAME OF EMPLOYER | DATES | POSITION HELD |
| FROM | TO |
|  |  |  |  |
|  |
| PLEASE LIST BELOW ANY VOLUNTARY WORK YOU ARE /HAVE BEEN INVOLVED WITH, OR ANY UNPAID EXPERIENCEs |
| NAME OF EMPLOYER | DATES | POSITION HELD |
| FROM | TO |
|  |  |  |  |
| **Please use block capitals** |
| **EXPERIENCE OF WORK WITH SPECIAL NEEDS** |
| LENGTH OF experience WORKING WITH CHILDREN or adults WITH SPECIAL NEEDS |  |
| PLEASE INDICATE IF YOU HAVE EXPERIENCE OF WORKING WITH CHILdREN and/or adults WITH THE FOlloWING DISABILITIES. pLEASE PROVIDE MORE INFORMATION IN THE SPACE PROVIDED, e.g. how many children/adults you have worked with, and the settings you worked with them (School/home) etc**(TICK AS APPROpRIATE).** |
| **aDHD** |
|  |  |  |
| **AUTISM** |
|  |  |  |
| **CEREBRAL PALSY** |
|  |  |  |
| **CHALLENGING BEHAVIOUR** |
|  |  |  |
| **DOWN’S SYNDROME** |
|  |  |  |
| **TUBE FEEDING** |
|  |  |  |
| **EPILEPSY** |
|  |  |  |
| **OTHER CONDITIONS / DIFFicULTIES** |
|  |  |  |
|  |
| **OTHER INFORMATION** pLEASE TICK AS APPROpRIATE |
| ARE YOU A UK CITIZEN? |  |  |
| IF NO, DO YOU HAVE A VALID PERMIT TO WORK IN THE UK? |  |  |
| IF YES, PLEASE GIVE DETAILS, INCLUDING EXPIRY DATEIF NO, UNFORTUNATELY WE ARE UNABLE TO OFFER YOU EMPLOYEMNT |  | See full size image |
| DO YOU HOLD A CURRENT FULL DRIVING LICENCE? |  |  |
| DO YOU OWN A CAR? |  |  |
| What IS YOUr FIRST LANGUAGE? |
| pLEASE GIVE DETAILS OF OTHER LANGUAGEs SPOKEN: |  |
| We ask this question because the children and young people that we work with rely heavily on clear and precise communication. |
|  |
|  |
| **Please use block capitals** |
| **disclosure & barring service disclosure (formally criminal records bureau)** |
| please note your offer of employment will be made subject to a disclosure & barring service (DBS) DISCLOSURE |
| PLEASE TICK AS APPROpRIATE |
| DO YOU HOLD A CURRENT ENHANCED disclosure & barring service CHECK? |  |  |
| IF YES, WHERE IS THIS HELD? |  |
| DATE OF ISSUE?  |  |
|  |
| USE THIS SPACE TO TELL US ABOUT YOURSELF, YOUR INTERESTS AND IN PARTICULAR WHY YOU FEEL YOU WOULD BE SUITABLE TO WORK WITH CHILDREN OR ADULTS WITH SPECIAL NEEDS, (THINK ABOUT YOUR STRENGTHS AND WEAKNESSES, EXPERIENCES YOU HAVE HAD, SITUATIONS YOU HAVE HANDLED WELL, ACHIEVEMENTS YOU HAVE MADE ETC). |
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|  |
| IF YOU FEEL THERE IS ANYTHING THAT HAS NOT BEEN COVERED ADEQUATELY ELSEWHERE ON THE APPLICATION FORM, PLEASE ELABORATE. |
|  |
|  |
|  |
| **PLEASE USE BLOCK CAPITALS** |
| **REFERENCES** |
| PLEASE GIVE DETAILS OF TWO PEOPLE WHO WE MAY CONTACT FOR A REFERENCE, REFERENCES SHOULD RELATE TO YOUR EXPERIENCE OF WORKING WITH CHILDREN/ADULTS WITH SPECIAL NEEDS OR OTHER CARE WORK, PERSONAL REFERENCES (I.E. FROM YOUR GP OR FRIENDS) ARE NOT ACCEPTABLE. |
| NOTE: THE MOST TIME EFFICIENT METHOD FOR US TO CHECK YOUR REFERENCE IS BY FAX OR EMAIL, SHOULD YOUR APPLICATION BE SUCCESSFUL WE WILL BE UNABLE TO INVITE YOU FOR AN INTERVIEW UNTIL YOUR REFERENCES HAVE BEEN CHECKED. |
|  |
| TITLE | FIRST NAME | SURNAME |
|  |  |  |
| ADDRESS |  |
| POSTCODE |  |  |
| TELEPHONE |  | FAX |  |
| EMAIL |  |  |  |
|  | DATES |  |  |
| TIME IN EMPLOYMENT | FROM | TO | JOB ROLE OF REFEREE: |  |
|  |  |
| YOUR JOB ROLE: |  | RELATIONSHIP TO REFEREE: |  |
|  |
| TITLE | FIRST NAME | SURNAME |
|  |  |  |
| ADDRESS |  |
| POSTCODE |  |  |  |
| TELEPHONE |  | FAX |  |
| EMAIL |  |  |  |
|  | DATES |  |  |
| TIME IN EMPLOYMENT | FROM | TO | JOB ROLE OF REFEREE: |  |
|  |  |
| YOUR JOB ROLE: |  | RELATIONSHIP TO REFEREE: |  |
|  |
| SIGNATURE | DATE |
|  |  |
|  |