|  |
| --- |
| ***\* For Office use only \**** |
| Interview Date and Time | \_\_\_\_ | \_\_\_\_| \_\_\_\_ \_\_\_\_ : \_\_\_\_ |

|  |  |  |
| --- | --- | --- |
|  | YES | NO |
| Offered Post  |[ ] [ ]

 |
| Outcome: |       |
|

|  |
| --- |
| Reference request sent: |
| 1. Date
 |

|  |
| --- |
| \_\_\_\_ | \_\_\_\_ | \_\_\_\_ |

 |
| 1. Date
 |

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| --- |
| \_\_\_\_ | \_\_\_\_ | \_\_\_\_ |

 |

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|  |
| --- |
| Reference received: |
| 1. Date
 |

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| --- |
| \_\_\_\_ | \_\_\_\_ | \_\_\_\_ |

 |
| 1. Date
 |

|  |
| --- |
| \_\_\_\_ | \_\_\_\_ | \_\_\_\_ |

 |

 |

|  |  |  |
| --- | --- | --- |
|  | YES | NO |
| Satisfactory  |[ ] [ ]
| Satisfactory  |[ ] [ ]

 |
|

|  |
| --- |
| DBS request sent: |
| Date  |

|  |
| --- |
| \_\_\_\_ | \_\_\_\_ | \_\_\_\_ |

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|  |
| --- |
| DBS received: |
| Date  |

|  |
| --- |
| \_\_\_\_ | \_\_\_\_ | \_\_\_\_ |

 |

 |

|  |  |  |
| --- | --- | --- |
|  | YES | NO |
| Satisfactory  |[ ] [ ]

 |

Please complete the information, save, and return it to hr@playp.org.uk or send it via post to the address shown on the last page.

|  |  |  |
| --- | --- | --- |
| Full Name | Mr Mrs Ms Miss |       |
| DOB | \_\_\_\_ | \_\_\_\_ | \_\_\_\_ |
| Address |       |
| Mobile No. |       | Home No. |       |
| Email |       |
| Best time to contact you? |       |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Please indicate your preferred tasks** |

|  |  |  |  |
| --- | --- | --- | --- |
| Play Leader | Play Assistant | Sports Leader | Sports Assistant |
|[ ] [ ] [ ] [ ]

|  |  |  |
| --- | --- | --- |
| Administrator | Finance | Other, please specify |
|[ ] [ ]        |

 |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Please tick boxes below to indicate day/s you can attend regularly.**We ask that volunteers are able to commit to a minimum of 100 hours of volunteering e.g. three times a week at the after school club for a whole term.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Monday [ ]  | Tuesday [ ]  | Wednesday [ ]  | Thursday [ ]  | Friday [ ]  |
| am [ ]  | pm [ ]  | am [ ]  | pm [ ]  | am [ ]  | pm [ ]  | am [ ]  | pm [ ]  | am [ ]  | pm [ ]  |

|  |  |
| --- | --- |
| If you are unable to attend regularly but are available for events / projects, tick here |  [ ]  |
| Are you currently studying or working? |

|  |  |
| --- | --- |
| YES | NO |
|[ ] [ ]

 |

 |

**PARENT/GUARDIAN/CARER PERMISSION (if under 16yrs old)**

I give permission for my Son/Daughter to volunteer with The Play Professionals.

|  |  |  |
| --- | --- | --- |
| Parent/Guardian/Carer Name | Mr Mrs Ms Miss |       |
| Address |       |
| Mobile No. |       |
| Signed |       | Date | \_\_\_\_ | \_\_\_\_ | \_\_\_\_ |

**REFERENCES**

Please provide the names of two referees who are able to write a reference in support of your application. References should not be friends or relatives. The offer of voluntary work with The Play Professionals is subject to satisfactory references and we reserve the right to request additional references where necessary and to withdraw our placement offer if references are not received.

|  |
| --- |
| REFEREE 1 |
| Name: |       |
| Occupation/Status: |       |
| Address: |       |
| Contact No. |       |
| E-mail address: |       |
| REFEREE 2 |
| Name: |       |
| Occupation/Status: |       |
| Address: |       |
| Contact No. |       |
| E-mail address: |       |

|  |
| --- |
| **Please use the space below to give reasons why you would like to volunteer with The Play Professionals and any other information you would like to provide.** |
|        |

**EDUCATION, QUALIFICATIONS, AND TRAININGS**

Please give details of any relevant qualifications training or experience you may have.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| School or College | Subject / Level | Qualifications(e.g., GCSEs, NVQ) | Grade | Year |
|       |       |       |       |      |
|       |       |       |       |      |
|       |       |       |       |      |
|       |       |       |       |      |

**WORK HISTORY**

|  |  |  |
| --- | --- | --- |
| Organisation and Role | Dates(Month/Year) | Any qualifications gained |
|       |

|  |
| --- |
| From |
| \_\_\_\_\_\_/\_\_\_\_\_ |
| To |
| \_\_\_\_\_\_/\_\_\_\_\_ |

 |       |
|       |

|  |
| --- |
| From |
| \_\_\_\_\_\_/\_\_\_\_\_ |
| To |
| \_\_\_\_\_\_/\_\_\_\_\_ |

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|       |

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| --- |
| From |
| \_\_\_\_\_\_/\_\_\_\_\_ |
| To |
| \_\_\_\_\_\_/\_\_\_\_\_ |

 |       |

**Language Skills**

What languages other than English do you speak/write?

|  |  |  |  |
| --- | --- | --- | --- |
| Language: |       | Spoken |[ ]  Written |[ ]
| Language: |       | Spoken |[ ]  Written |[ ]
| Language: |       | Spoken |[ ]  Written |[ ]

|  |
| --- |
| Please indicate whether you use British Sign Language: |[ ]
| Indicate British Sign Language Level: |  Level \_\_  |

|  |
| --- |
| Do you hold certificates in any of the following?  |
|[ ]  First Aid  | Date: |

|  |
| --- |
| \_\_\_\_ | \_\_\_\_ | \_\_\_\_ |

 |
|[ ]  Health and Safety  | Date: |

|  |
| --- |
| \_\_\_\_ | \_\_\_\_ | \_\_\_\_ |

 |
|[ ]  Food Hygiene | Date: |

|  |
| --- |
| \_\_\_\_ | \_\_\_\_ | \_\_\_\_ |

 |
|[ ]  Child Protection  | Date: |

|  |
| --- |
| \_\_\_\_ | \_\_\_\_ | \_\_\_\_ |

 |

In the next section, please tell us about any specialist skills, interests, or hobbies you have.

You may play or coach a specific sport, have an interest in local history, volunteer as a youth worker or enjoy going to the gym or taking part in creative activities

|  |
| --- |
|       |

**STATEMENT**

To ensure the safety of vulnerable service users, we carry out police checks through the Disclosure and Barring Service (DBS) for all The Play Professional’s volunteers and staff over 16 years of age.

Please note that exemption under the Rehabilitation of Offenders Act 1974 does not apply.

**You must include spent convictions, including those related to juvenile offences.**

**GUIDANCE FOR APPLICANTS WITH CAUTIONS OR CONVICTIONS**

If the conviction is of a serious nature it is unlikely we will be able to offer you a volunteer role however each case will be assessed individually by a panel. If we do not receive detailed information we will have no option but to turn down your application as we need full details to access applications effectively. We will generally ignore minor convictions and convictions that have no relevance to the type of work offered e.g. driving disqualification unless for a driving post.

|  |  |  |  |
| --- | --- | --- | --- |
| Have you ever been convicted of any criminal offences or been given a caution or reprimand? |

|  |  |
| --- | --- |
| YES | NO |
|[ ] [ ]

 |
| Are you aware of any other circumstances that might affect your suitability to work, or be in regular contact with children? |

|  |  |
| --- | --- |
| YES | NO |
|[ ] [ ]

 |
| Have you ever had a child removed from your care or placed on the “At Risk” register? |

|  |  |
| --- | --- |
| YES | NO |
|[ ] [ ]

 |
| If you have answered yes to any of the above, please give details including dates and details of any sentencing below. |
| Date of Offence: |

|  |
| --- |
| \_\_\_\_ | \_\_\_\_ | \_\_\_\_ |

 |
|       |
| Have you had an Enhanced Disclosure issued within the last 3 years for working with children? |

|  |  |
| --- | --- |
| YES | NO |
|[ ] [ ]

 |
| If you have answered yes, please provide the Disclosure number and date of issue (if known). |
| DBS No. |       | Date | \_\_\_\_ | \_\_\_\_ | \_\_\_\_ |

**DECLARATION**

By signing this form you confirm that information provided in support of this application is complete and true and understand that knowingly making a false or misleading statement will result in immediate removal from our services.

I declare that I have understood and complied with the requirements stated and I give consent for the information provided to The Play Professionals to be held on file and computer with due consideration to the Data Protection Act 1984. I further give authority for The Play Professionals to pass on information to OFSTED, the DBS and partner organisations I am placed as a volunteer with.

|  |  |
| --- | --- |
| Signed: |       |
| Dated: |

|  |
| --- |
| \_\_\_\_ | \_\_\_\_ | \_\_\_\_ |

 |

The information on this form will be stored either on paper records or on a computer system in accordance with the Data Protection Act 1998 and will be processed solely with recruitment.

Please return to The Play Professionals:

Email: hr@playp.org.uk

Or

Post: The Play Professionals Human Resources,

Richard Atkins School, New Park Road,

Brixton Hill,

London SW2 4JP