

Havant & District Holiday Venture

Integrated playscheme for children with a physical disability, their sibling or friend, aged 6 – 18 years

APPLICATION FORM

How to Apply:

HDHV runs for 3 consecutive weeks from 26th July to 13th August 2010. Each day starts at 8.55am until 3.45pm, except Wednesday of week 2 and 3 which ends at 6pm due to outings.

There will be 2 training days; the first is a team bonding and disability awareness day on Saturday 24th July. The second day is on the afternoon of the Monday 26th July 12-3pm.

In order to be considered you must be able to attend the compulsory training afternoon on Monday 26th July.

If you have not worked for HDHV before, we will contact you to arrange an interview and completion of a Criminal Record Bureau Form (CRB).

We look forward to receiving your completed Application Form. If you have any questions, please contact HDHV on: 07917711142. Please return your Application to the address at the bottom of this form.

First Name:	Surname:	Mr. Mrs. Miss. Ms
Address:	Home Tel.	
Post Code:	Mobile	
Email:	Under 18 years Yes <input type="checkbox"/> No <input type="checkbox"/>	

Position Applying For: _____ Have you worked on HDHV before? Yes No

What weeks are you applying for? _____

Do you have any physical difficulties that will limit your ability to provide physical support to children? Yes No

Do you have a current First Aid certificate? Yes No

Expiry date of certificate:

Criminal Convictions

Application for work with children is exempt from the Rehabilitation of Offenders Act 1974 and no conviction is considered spent. Please list **any** convictions (including motoring offences) on a separate sheet and attach in a sealed envelope marked 'Confidential'.

Do you have any pending, or past relevant cautions or convictions? Yes No

Do you have a CRB enhanced disclosure? Yes No

Date CRB check was completed.....

Education & Academic Qualifications (please attach copies of your qualifications/certificates)

School/College/University	Qualification	Year	Grade

Play/Youth Work Training Relevant to this Job (please attach copies of certificates)

Date	Qualification	Award

Previous Employment/Present Employment

Employer's Name	Position	Reason for Leaving	From	To

Tell us how you fill the skills required.

Reference

Please give two references one of which should be your present or last employer or tutor. **Please note we cannot accept references from a relative or friend.**

Name: _____ Name: _____

Address: _____ Address: _____

_____ Post Code: _____ Post Code: _____

Office Tel: _____ Office Tel: _____

Capacity in which known: _____ Capacity in which known: _____

How did you find out about this Job? _____

Declaration

I declare that the information given on this application is complete and correct. I have read the skills required and confirm I am eligible to be considered for this position. I also certify that I will immediately disclose any changes in circumstances that affect the answers given.

Signature: _____ Date: _____

Please return application and attach copies of your qualifications/certificates to:

HDHV, C/o 27 Park lane, Cosham, Portsmouth. PO6 2QS

Registered Charity No. 1063454

Office use – Tear off slip

Emergency Contact Details

Your name: _____ Name of next of kin: _____

Relationship: _____ Next of kin tel. no: _____