

# 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 2<sup>nd</sup> August to 19<sup>th</sup> August 2011. Each day starts at 8.55am until 3.45pm, except Thursday of Week 1 and 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 30<sup>th</sup> July. The second day is on the afternoon of the Monday 1<sup>st</sup> August 12-3pm.

### In order to be considered you must be able to attend the compulsory training afternoon on Monday 1<sup>st</sup> August

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. Miss.	Mrs. Ms
Address:	Home Tel. ....		
	Mobile .....		
Post Code:	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: \_\_\_\_\_