|  |  |
| --- | --- |
| **POST TITLE** | YOUTH WORK APPRENTICE (20 HOURS) |
| **CLOSING DATE** | 12.00 noon,Friday 18 September 2020 | **How did you hear of the post?** |  |

**PERSONAL DETAILS**

|  |  |
| --- | --- |
| **Title** |  |
| **Surname** |  |
| **Forename(s)** |  |
| **Address** |  |
| **Post Code** |  |
| **Telephone Number** | Day | Evening | Mobile |

|  |  |
| --- | --- |
| **May we contact you during the day?** | **YES NO** |
| **Do you have the right to work legally in the UK?** | **YES NO** |
| **Do you hold a current driving license?** | **YES NO** |
| **Are you a member of the PVG Scheme?** | **YES NO** |
| **If yes, is your PVG membership in respect of regulated work with Children, Adult or Both?** |  |
| **Please provide your PVG Membership Number** |  |

**EDUCATION AND TRAINING BACKGROUND INCLUDING SCHOOL**

|  |  |  |  |
| --- | --- | --- | --- |
| Date (from – to) | Education or Training Qualification | Name of Establishment | Grade/Band of Pass (where applicable) |
|  |  |  |  |

**Additional qualifications/training courses**

|  |
| --- |
|  |

**EMPLOYMENT HISTORY (IF ANY)**

|  |  |  |  |
| --- | --- | --- | --- |
| *Dates**(from-to)* | *Employer’s name and address* | *Post Title and brief summary of responsibilities* | *Reason for Leaving* |
|  |  |  |  |

**VOLUNTEERING HISTORY (IF ANY)**

|  |  |  |  |
| --- | --- | --- | --- |
| *Dates**(from-to)* | *Employer’s name and address* | *Post Title and brief summary of responsibilities* | *Reason for Leaving* |
|  |  |  |  |

**GAPS IN YOUR EMPLOYMENT –** *Please provide information of any gaps in employment*

(Verification of employment gaps will be required if an offer of employment is made)

|  |  |  |
| --- | --- | --- |
| *From (Month/year)* | *To (month/year)* | *Reason* |
|  |  |  |

**PLEASE TELL US WHAT MAKES YOU A SUITABLE CANDIDATE FOR THIS JOB.**

|  |
| --- |
| Please include any information of experiences, which make you suitable for this post. Please also tell us why you would like to take on this apprenticeship. |
|  |

**REFERENCES**

|  |
| --- |
| *Please give contact details of two referees who are not relatives and at least one of whom must be from your current or most recent employer* |
| Name |  | Name |  |
| Occupation |  | Occupation |  |
| Email |  | Email |  |
| Organisation |  | Organisation |  |
| Address |  | Address |  |
| Post Code |  | Post Code |  |
| Telephone Number |  | Telephone Number |  |
| Relationship to applicant |  | Relationship to applicant |  |

**Please return your application form by 12 noon on Friday 18th September 2020.**

**Angela Molloy**

**Project Manager**

**Church House**

**22 Queen Mary Street**

**Glasgow**

**G40 3BB**

**Alternatively, email to**

**angela@churchhouse.plus.com**