



# Newport Women's Aid Application Form

Post Applied for:

CYP Support Worker

Closing Date:

16<sup>th</sup> February 2018

Please complete this form fully using **black ink or type**. CVs are not acceptable. Applications received after the closing date will not be considered.

**THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE.**

## Personal details

Last Name:

First Name:

Address:

  
  

Postcode:

Home Telephone No

National Insurance No

Letters	Numbers	Letter
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Daytime Telephone No

Mobile Telephone No

E-mail address:

Please state any previous address's in the last 5 years from current

Address:

  
  

Postcode:

Date: From \_\_\_\_\_ To \_\_\_\_\_

Address:

Postcode:

Date: From \_\_\_\_\_ To \_\_\_\_\_

Please continue on a separate sheet if necessary

**Driving Licence**

Yes

No

Do you hold a full, clean driving license valid in the UK?

If you are successful you will be required to provide relevant evidence of the above details prior to your appointment.

**Availability:**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you accessed services provided by Newport Women's Aid in the past?

If yes please can you tell us approximately how long ago?

Are there any other issues you think we need to know about e.g. health issues that would affect the type of volunteering you can undertake?

Do you know anyone who is involved with Newport Women's aid?

If yes please give details:

Have your child/ren ever been on the child risk/child protection register?

## Education

Qualifications obtained from Schools, Colleges and Universities. Please list highest qualification first:

College or University	Course	Qualifications and grades obtained

  

School	Subjects	Qualifications and grades obtained

Continue on a separate sheet if necessary

## Professional Qualifications

Please give details:

Professional Qualifications	Details of course

Membership of any Professional Associations - Please state level of Membership:

## Training and Development

Please give details of any training and development courses or non-qualifications courses which support your application. Include any on the job training as well as formal courses.

Title of Training Programme or Course	Duration of Course

## Personal Statement

### **Abilities, skills, knowledge and experience.**

Please use this section to explain in detail how you meet the requirements of the person specification. This information will be used for shortlisting so please ensure that you refer to the specification and job description when completing this section. Please also explain your reasons for applying for this position. If you are or have been involved in voluntary/unpaid activities, also include this information. Attach and label any additional sheets used.

## Rehabilitation of Offenders Act 1975 (Exceptions) Order

### Do you have any criminal convictions or cautions

(The post for which you are applying requires contact with vulnerable adults and children, you are therefore required to reveal any criminal convictions or cautions, including those which would normally be regarded as spent)

Yes

No

If yes, please give details / dates of offence(s) and sentence:

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Please note that a disclosure from the Criminal Records Bureau will also be required and if you are successful you will be asked to complete a disclosure application. Failure to declare a conviction or caution at this stage will result in summary dismissal from this position.

## References

Please give the names and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your references are.

Name:

Position (job title):

Relationship:

Organisation:

Address:   
  
  
  
Postcode

Telephone No

E-mail:

Name:

Position (job title):

Relationship:

Organisation:

Address:   
  
  
  
Postcode

Telephone No

E-mail:

## Applicants Declaration

**I hereby certify that:**

- **all the information given by me on this form is correct to the best of my knowledge**
- **all questions relating to me have been accurately and fully answered**
- **I possess all the qualifications which I claim to hold**

**Signed:**

**Date:**

**Please return completed application forms to:**

**Private and Confidential  
Director  
Newport Women's Aid  
56, Stow Hill  
Newport  
NP20 1JG**

**Or**

**Natalie.poole@nptwomensaid.co.uk**

**DBS CONSENT FORM**

(TO BE COMPLETED BY PREFERRED CANDIDATES/VOLUNTEERS)

**Applicant Name:**

I acknowledge that in order to process my application to be a volunteer an enhanced DBS check Will be undertaken.

I confirm that in the event that my DBS certificate contains any police or other information I will produce the original DBS certificate following my receipt of it in order for my application To proceed.

If my DBS check is unsatisfactory to the organisation I acknowledge that my application Will not be confirmed/will not continue.

I confirm that I give my consent for Women Aid to take a copy or image of my original DBS certificate And hold the copy/image on file for their records until my application is complete.

I further acknowledge that information contained on the DBS certificate maybe shared With a third party for the purposes of seeking guidance on the recruitment decision.

Signed:

Print name:

Date:

**Additional section to be completed by applicants who have a subscription to the DBS online update service:**

By signing this section of the form you confirm that you are registered with the DBS update service and you give permission for Newport Women's Aid to carry out a status check with the DBS online Update service.

DBS Number :

Signed:

Print name:

Date: