

Yes / No

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|  **Play Alloa Application Form** |
| Job / Position Applying for: Sessional Youth Worker Name: Phone: Home: Mobile:Work (if applicable):Address: Postcode:Email:Emergency Contact: Phone:  |
| **Your Current Job:**Current job title: EmployerDate from: Salary Rate: Hours Worked:Summary of duties & experience  |
| **Other Work Experience please continue on additional sheet (if required):**Job Title: Employer:  Date From: Date To:Summary of Duties:**Other Work Experience please continue on additional sheet (continued):**Job Title: Employer:  Date From: Date To:Summary of Duties: |
| **Please give a summary of your Educational Qualifications (Copies will be required):** |
| **Please give a summary of any additional *relevant* training or qualifications you have:** |
| **Please tell us why you want to work with Play Alloa** |
| **Please tell us about any volunteering, personal experience or skills that you have that are relevant to Play Alloa.** |
| **Do you have any particular needs that we should be aware of so as to best support your work with us?****Yes No** Please state any addition info:**Are you willing to be contacted at short notice to provide supply cover?****Yes No** Please state any additional info:**Do you have access to a car?** |

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| **Availability****What availability do you have to work? Please state days, evenings weekends etc** |
| **References**Please supply details of 2 people who know you well enough to comment about your suitability for this role. They should not be family members. If you are not sure about who to put we are happy to discuss this with you.**Referee 1**Name:Address:Email: Phone: How does this person know you?**Referee 2**Name: Address:Email: Phone: How does this person know you? |
| **How did you hear about us?**Advert/poster Website Another organisation Leaflet A friend/family member Facebook Other (please specify)……………………………............................................................. |
| **Protection of Vulnerable Groups****Play Alloa requires all staff working with children to hold a clear PVG Certificate**Do you currently hold a PVG Certificate ? Yes No Is there anything you would like to discuss regarding your PVG which you think would be relevant to your application. This can be done on a 1:1 basis if preferred.**Do you have SSSC Registration for the Daycare of Children?** |
| **Any Additional Information you would like to give:** |
| **Signed: Date:** |
| **Thank you****Please return this form to: Amanda Rafferty, HR Officer,****Play Alloa, 19 Broad Street, Alloa, Clackmannanshire, FK10 1AN****Email:** **hr@playalloa.co.uk****Website:** [www.playalloa.co.uk](http://www.playalloa.co.uk) **Tel:** 01259 721511 |
| **Office Use:****Ref1: Ref2:**  | **PVG Sent: PVG Recd:** |
| **Comments** |  |