

PLAYWORKER APPLICATION FORM

CONFIDENTIAL

Applications will only be accepted if this form is completed in full.

Position applied for:	
Closing date:	
Please state how you found out about the vacancy:	

1. Personal Details

First Name:	
Surname:	
Previous Surnames:	
Preferred name other than listed above: (if applicable)	
Address:	
Postcode:	
Telephone (evening):	
Telephone (day):	
Mobile:	
Email:	
National Insurance No.	

2. Right to Work in the UK

Do you have the right to work in the UK?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please state on what basis:	<input type="checkbox"/> UK citizen <input type="checkbox"/> EU settled status <input type="checkbox"/> Skilled worker visa <input type="checkbox"/> Graduate visa <input type="checkbox"/> Youth mobility visa <input type="checkbox"/> Other – please provide full details below
Have you spent time living and/or working outside of the UK?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please give details, including countries and relevant dates:

3. Employment History (including voluntary, home based or part time work)

Current or most recent employment:

Current Employment Details (if you are not currently employed, please give details of your most recent employment)	
Your Job Title	
Employer's Name	
Employer's Address	
Employer's email and/or telephone number	
Dates employed there: (from – to)	
Salary:	
Reason for leaving:	
Notice required:	
Briefly describe the employment duties and responsibilities:	

4. Previous Employment

- Please provide details of your previous employment history, starting with the most recent job and
- For posts within the last 5 years please confirm salary details
- Please include any voluntary, home based or part time work. (Please continue on a separate sheet if necessary)

Your Job Title	Name & address of employer	Dates (from – to)	Description of responsibilities	Final salary	Reason for leaving

5. Employment Gaps

Please provide details of any employment gaps since leaving school, and give the reasons for the gap.

Start Date	End Date	Reason for Employment Gap

6. Education, Professional Qualifications and Training

Please provide details of your education from secondary school onwards. You'll be required to produce evidence of qualifications.

Dates attended (month and year)	Name and location of school/college/university	Qualification gained including grades	Awarding body and date of qualification

Please give details of training or professional development courses undertaken in the last 3 years that are relevant to your application.

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7. Most relevant experience/skills/abilities/reasons for applying

Use this section to demonstrate how you meet the person specification for the role you are applying for. Whether or not you are short listed for interview will depend on how well you demonstrate your ability to meet these essential criteria. Please attach additional sheets if necessary.

Please note:

Curriculum Vitae (C.V.s) are not accepted. An application form must be completed in order to apply for this post.

8. Rehabilitation of Offenders Act 1974

Do you have an enhanced DBS check?	Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick one)
Are you currently subscribed to the DBS Update Service?	Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick one)

Do you have any convictions, cautions, reprimands or final warnings, or do you have any court cases pending, that are not "protected" or "filtered" as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013).	Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick one)
If yes, please give details, with dates of offences, sentences, cautions, reprimands, final warning and court cases pending.	
Date of offence:	
Nature of offence:	
Sentence or nature of police/court sanction:	

The information contained in this form will only be seen by staff involved in the recruitment process. All our posts require an enhanced DBS. Please provide details of any police enquiries made against you, which may have a bearing on your suitability for the post. Malvern Special Families believes that having a criminal record will not necessarily bar you from working for us. This will depend on the nature of the post and the circumstances and background to the offence(s).

Online Searches on Shortlisted Candidates

Keeping Children Safe in Education, paragraph 220 introduces a new duty to consider 'carrying out an online search as part of due diligence on the shortlisted candidates. We will be looking at safeguarding concerns and general reputational issues. In practice we will look at four broad categories: extremism and hate speech; violent images; nudity; 4. toxic language, swearing and profanity. As a minimum we will focus on Google, Facebook, 'X' and Instagram. If content of concern is found it will be reported to the CEO and DSL for review. The CEO will determine whether we need to discuss it with the candidate; and if discussed with the candidate, assess their answers and determine their suitability for appointment.

9. Referees

Please give details of two people we may approach for a reference who can comment on your suitability for this post. One must be your present/most recent employer and the second a previous employer. If you are not currently working with children, additional references will be required. All of our posts require an enhanced DBS, Malvern Special Families will approach the referees prior to interview. Please let your referees know that you've listed them as a referee. Please note that Malvern Special Families has the right to contact any of your previous employers.

If you do not wish us to contact your referees without your prior agreement, please tick this box

a. First Referee - Your present or most recent employer

Name of person providing reference (Present or Most Recent Employer)	First Name: _____ Surname: _____
Present or Most Recent Employer's Job Title:	
Your Place of Work:	
Address to send reference request:	
Dates of your employment:	From: DD/MM/YYYY To: DD/MM/YYYY
Contact telephone number to confirm reference:	
Contact email address for referee:	

b. Second Referee

If your first reference overleaf is not from your employment with children and/or young people with disabilities, please ensure your second reference is relevant to this kind of work.

Full name of 2 nd Referee:	First Name:	Surname:
Referee/Employer's Job Title:		
Your Place of Work:		
Address to send reference request:		
Dates of your employment:	From: DD/MM/YYYY	To: DD/MM/YYYY
Contact telephone number to confirm reference:		
Contact email address for referee:		

10. Data Protection

Information given in this application will be controlled under data protection legislation and will be used for the purposes of recruitment within Malvern Special Families. Should your application be successful, the information will then be used for your personnel records and payroll purposes. The information provided will be processed both manually and automatically for these purposes.

11. Declaration

Before signing the declaration, please read the following carefully. You must sign this declaration in ink or using a digital image of your signature.

If you omit information that we have asked for, we may not be able to consider your application. If you are appointed to the post, any major omission or inaccurate information relevant to your application could lead to disciplinary and in some case legal action against you.

I declare that the information contained in this form is true and accurate. I understand that if it is subsequently discovered that any statement is false or misleading, my employment may be terminated without notice.

I understand that an enhanced DBS check will be sought in the event of my application being successful and that a post will only be offered upon receipt of a clear enhanced DBS, and two satisfactory references.

Signature:

Date:

Please contact us if you have a disability and need any adjustments for the interview.

Please return to: Malvern Special Families, First Floor Offices, 73 Church Street, Malvern, Worcs., WR14 2AE.
 Email: office@malvernspecialfamilies.org.uk

Please complete the following to authorise our safer recruitment references procedures.

Reference Checking Consent and Authorisation Form

Today's Date:	
Candidate's Full Name:	
Position applied for with Malvern Special Families:	

To Whom it may Concern,

I have applied for employment with Malvern Special Families and have provided information about my previous employment. I authorise Malvern Special Families to conduct a reference check with my present and/or previous employer(s). I understand that reference information may include, but not be limited to, verbal and written inquiries or information about my employment performance, professional attitude, rehire potential, dates of employment, salary and employment history.

I understand and acknowledge that any offer of employment is conditional upon Malvern Special Families being completely satisfied with the information provided as a result of this reference check.

My signature below authorises my former or current employers and references to release information regarding my employment record with their organisations and to provide any additional information that may be necessary for my application for employment to the Malvern Special Families, whether the information is positive or negative. I knowingly and voluntarily release all former and current employers, references, and the Malvern Special Families from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with the Malvern Special Families.

I further authorise the Malvern Special Families to obtain feedback and references from my supervisors over the course of my employment with Malvern Special Families. I understand that subsequent and continued employment with the Malvern Special Families may be subject to this feedback.

I will allow this form to be photocopied, reproduced or emailed and these copies will be as effective as a release or consent as the original which I sign.

Full Name of Candidate		Signature	
Date		NI Number	
Email address		Contact Number	