

PERSONAL DETAILS



Formerly.....
Youth Enquiry Service (Plymouth) Ltd

Name:

Address:

Date of Birth:

Post code:

Telephone number:

Mobile number:

Email:

Data Protection

The Zone at Youth Enquiry Service (Plymouth) Ltd will retain your information in adherence to the Data Protection Act 1998. This information will only be used by the organisation for recruitment, selection and employment purposes. We will not pass on any of your details to other agencies, businesses or services except in a statistical form for funding purposes.

EQUAL OPPORTUNITIES MONITORING FORM

Please complete the following section to help us meet our commitment to Equal Opportunity. This information is strictly confidential and only used for compiling statistics.

Position Applied for:

Youth Support Worker

Date:

Gender

Male

Female

Age

18 - 24

25 - 29

30 - 34

35 - 40

40 - 44

45 - 50

50+

How would you describe your ethnic origin?

African

Bangladeshi

Black Caribbean

Black Indian

Black other (please specify)

Chinese

Irish

Mixed (please specify)

Pakistani

White European (incl. UK)

Other (please specify)

.....

Do you consider yourself to have a disability?

Yes

No

If you answered YES, please tick the boxes applicable.

Hearing impairment

Sight impairment

Mobility impairment

Learning difficulties

Other (please state)

.....

How would you describe your employment status?

Registered Unemployed - claiming

Unemployed - not claiming

Student - Part-time

Student - full-time

Employed - Full-time

Employed - Part-time

Other (please state)

.....

Other Information

Do you do voluntary work with any other agency or organisation?

Yes

No

Do you have primary responsibility for the care of:

Children

Relatives

Friends

Other (please specify)

.....

Where did you see this post Advertised?

.....

This information will be used for monitoring purposes only, it will not be used in any way during the selection process.

YOUTH SUPPORT VOLUNTEER APPLICATION FORM



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Youth Enquiry Service (Plymouth) Ltd

Before you complete this form please look at the Person Specification and make sure in this form, you clearly show how you meet all the essential criteria. In addition, please ensure you read the information in the pack about youth support volunteering.

1. Please tell us about your current activities e.g. employment, voluntary work, education and vocational training and how long you have been doing it/them.

2. Please tell us about what you have done over the last 3 years, e.g. work experience, caring, travelling, employment, education and the time spent on these activities.

3. Describe any experience or skills you have that you feel will be useful to you as a Youth Support Volunteer? *(Please relate your answer to the Person Specification. Continue on a separate sheet if necessary)*

**4. What do you hope to gain from becoming a volunteer with us?
How will you benefit?**

5. Please tell us about any personal achievements, educational or vocational qualifications you have which are relevant to the Youth Support role.

6. Comment on the most significant issues which you feel affect young people in society today.

References:

† Please give the name and address of two people who have agreed to give references for you.

Referee 1: (professional/work capacity)

Name:

Place of work:

Address:

Tel:

Relationship:

Referee 2: (Other)

Name:

Address:

Tel:

Relationship:

† *All applicants will be asked to provide two references. Family members/partners **may not** be used. At least one of these references must be from someone who knows you in a professional/work capacity (i.e. not socially). Examples: employer, (past/present), tutor, counsellor, probation worker, CPN, social worker, agency with whom you work either paid or unpaid. If you have attended treatment or a rehabilitation centre for substance misuse in the past **three years**, one reference must be from that centre or probation worker. This must confirm that you have completed treatment and subsequently not used substances for **24 months** prior to the application being made.*

Signature:

Date:

Please return this form by email to: irene.macgregor@thezoneplymouth.co.uk

Or by post to: Front of House Team Leader, The Zone, 14-16 Union Street, Plymouth, PL1 2SR