

application

PRIVATE & CONFIDENTIAL

Scholefield Road Day Centre • Archway • London • N19 3ES
T: 020 7686 0253 F: 020 7686 0254 www.specialpeople.org.uk



PLEASE USE BLOCK CAPITALS

EMPLOYMENT RECORD

| NAME OF EMPLOYER | DATES | | POSITION HELD |
|------------------|-------|----|---------------|
| | FROM | TO | |
| | | | |

PLEASE LIST BELOW ANY VOLUNTARY WORK YOU ARE / HAVE BEEN INVOLVED WITH, OR ANY UNPAID WORK EXPERIENCE:

| NAME & ADDRESS OF ORGANISATION | DATES | | DESCRIPTION OF WORK |
|--------------------------------|-------|----|---------------------|
| | FROM | TO | |
| | | | |

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EXPERIENCE OF WORK WITH SPECIAL NEEDS

LENGTH OF EXPERIENCE WORKING WITH CHILDREN WITH SPECIAL NEEDS

PLEASE INDICATE IF YOU HAVE EXPERIENCE OF WORKING WITH CHILDREN WITH THE FOLLOWING DISABILITIES (CIRCLE AS APPROPRIATE). PLEASE PROVIDE MORE INFORMATION IN THE SPACE PROVIDED, E.G. HOW MANY CHILDREN YOU HAVE WORKED WITH, AND THE SETTING YOU WORKED WITH THEM (SCHOOL/HOME) ETC.

PLEASE CIRCLE AS APPROPRIATE

| | | |
|---------------------------------|-----|----|
| ADHD | YES | NO |
| | | |
| AUTISM | YES | NO |
| | | |
| CEREBRAL PALSY | YES | NO |
| | | |
| CHALLENGING BEHAVIOUR | YES | NO |
| | | |
| DOWN'S SYNDROME | YES | NO |
| | | |
| TUBE FEEDING | YES | NO |
| | | |
| EPILEPSY | YES | NO |
| | | |
| OTHER CONDITIONS / DIFFICULTIES | YES | NO |
| | | |

OTHER INFORMATION

PLEASE CIRCLE AS APPROPRIATE

| | | |
|---|-----|----|
| ARE YOU A UK CITIZEN? | YES | NO |
| IF NO, DO YOU HAVE A VALID PERMIT TO WORK IN THE UK? | YES | NO |
| IF YES, PLEASE GIVE DETAILS OF, INCLUDING EXPIRY DATE IF NO, UNFORTUNATELY WE ARE UNABLE TO OFFER YOU EMPLOYMENT | | |
| DO YOU HOLD A CURRENT FULL DRIVING LICENCE? | YES | NO |
| DO YOU OWN A CAR? | YES | NO |
| WHAT IS YOUR FIRST LANGUAGE? | | |
| DO YOU HAVE GOOD SPOKEN ENGLISH?* | YES | NO |

PLEASE GIVE DETAILS OF THE OTHER LANGUAGES SPOKEN:

* We ask this question because the children and young people that we work with rely heavily on clear and precise communication.

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CRIMINAL RECORDS BUREAU DISCLOSURE

PLEASE NOTE YOUR OFFER OF EMPLOYMENT WILL BE MADE SUBJECT TO A CRIMINAL RECORDS BUREAU (CRB) DISCLOSURE.

PLEASE CIRCLE AS APPROPRIATE

| | | |
|---|-----|----|
| DO YOU HOLD A CURRENT ENHANCED CRIMINAL RECORDS BUREAU CHECK? | YES | NO |
| IF YES, WHERE IS THIS HELD? | | |
| DATE OF ISSUE? | | |

USE THIS SPACE TO TELL US MORE ABOUT YOURSELF, YOUR INTERESTS AND IN PARTICULAR WHY YOU FEEL YOU WOULD BE SUITABLE TO WORK WITH CHILDREN OR YOUNG PEOPLE WITH SPECIAL NEEDS. (THINK ABOUT YOUR STRENGTHS AND WEAKNESSES, EXPERIENCES YOU HAVE HAD, SITUATIONS YOU HAVE HANDLED WELL, ACHIEVEMENTS YOU HAVE MADE ETC.)

IF YOU FEEL THERE IS ANYTHING WHICH HAS NOT BEEN COVERED ADEQUATELY ELSEWHERE ON THIS APPLICATION PLEASE ELABORATE

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REFERENCES

PLEASE GIVE DETAILS OF TWO PEOPLE WHO WE MAY CONTACT FOR A REFERENCE. REFERENCES SHOULD RELATE TO YOUR EXPERIENCE OF WORKING WITH CHILDREN WITH SPECIAL NEEDS. PERSONAL REFERENCES (I.E. FROM YOUR GP OR FRIENDS) ARE NOT ACCEPTABLE.

NOTE: THE MOST TIME EFFICIENT METHOD FOR US TO CHECK YOUR REFERENCES IS BY FAX OR EMAIL. SHOULD YOUR APPLICATION BE SUCCESSFUL WE WILL BE UNABLE TO INVITE YOU FOR AN INTERVIEW UNTIL YOUR REFERENCES HAVE BEEN CHECKED.

| | | | |
|--------------------------|----------------------|----------------------|----------------------|
| TITLE | FIRST NAME | SURNAME | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| ADDRESS | | | |
| <input type="text"/> | | | |
| <input type="text"/> | | | POST CODE |
| <input type="text"/> | | | <input type="text"/> |
| TELEPHONE | <input type="text"/> | | |
| FAX | <input type="text"/> | | |
| E MAIL | <input type="text"/> | | |
| TIME IN EMPLOYMENT: | DATES | | OCCUPATION: |
| | FROM | TO | |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| RELATIONSHIP TO REFEREE: | <input type="text"/> | | |

| | | | |
|--------------------------|----------------------|----------------------|----------------------|
| TITLE | FIRST NAME | SURNAME | |
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| TIME IN EMPLOYMENT: | DATES | | OCCUPATION: |
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| RELATIONSHIP TO REFEREE: | <input type="text"/> | | |

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| SIGNATURE: | DATE: |
| <input type="text"/> | <input type="text"/> |