

csp youth club

Team member application

Please complete this form using **BLACK INK** and **BLOCK CAPITALS**

Personal Details

First name: _____

Surname: _____

Address: _____

Postcode: _____

Email: _____

Home phone: _____ Mobile: _____

Evening: _____ D.O.B. _____

If your address/surname has changed in the last year, please give previous postcode/surname

Health & Safety

Answering 'Yes' to any of these questions will not necessarily exclude you from appointment. Please comment as fully as you fell appropriate. Use a separate sheet if necessary.

The role of team member for which you are applying is exempt from the Rehabilitation of Offenders Act 1974; you will be subject to a DBS (Disclosed Barring Service) and you will be asked to complete a form if you have not done so already.

Do you have any current or spent criminal convictions, cautions, bindovers, reprimands or cases pending.

No Yes (If yes, please give details)

Do you have any medical conditions or any allergies, (e.g. hay fever, allergy to certain foods)?

No Yes (If yes, please give details)

Are you currently receiving any medical treatment?

No Yes (If yes, please give details)

Have you received treatment or counselling for depressive illness in the past year?

No Yes (If yes, please give details)

Do you require a special diet?

No Yes (If yes, please give details)

Please provide a brief summary of your recent experience of youth and children's work:

Team members application continued...

Referee

Please provide details of a referee who will be able to support your application for being a team member at the Chalfont St. Peter Youth Centre. This should not be someone connected with the Chalfont St. Peter Youth Centre or a family member.

Name: _____
Occupation: _____
Address: _____
Postcode: _____
Tel no. _____
Email: _____

Emergency Contact

In case of an accident or emergency during your time at the CSP Youth Centre, please provide the details of a suitable contact. (NB: This should NOT be someone who is a team member at the CSP Youth Centre)

Name: _____
Address: _____
Postcode: _____
Tel Day: _____ Tel Eve: _____
Mobile _____ Email: _____

Child Protection

The CSP Youth Centre holds firmly to the following principles:

- We commit ourselves to the nurture, protection and safekeeping of all, especially children and young people.
- It is the responsibility of each of us to protect children and young people from physical, sexual and emotional abuse and to report any abuse suspected or discovered.
- In order to achieve this, we are committed to supporting, resourcing and training those who work with children and young people. We will provide appropriate

Declaration

I will seek to maintain the unity of the team, set a positive example and support the work of the Chalfont St. Peter Youth Centre. I have read and agree to comply with the Child Protection Policy. I have completed all sections of this form accurately.

Signed: _____

Date: _____



Thank you for taking the time to complete this team member application form. Please return to Carol Carter (Administrator) at the address below. If you have any queries concerning the application process, please contact Carol or Avtar Hunter-Singh (Youth Director—Chalfont St. Peter Youth Centre)



CSP Youth Centre complies with the Data Protection Register legislation