

**Application Form  
Outreach Coordinator**

**Personal Information**

**Title:** .....

**Surname:** .....

**First Name(s):** .....

**Maiden Name:** .....

**Any other surname(s) previously used:** .....

**Date of Birth:** .....

**Home Address:** .....

.....

**Postcode:** .....

**Telephone (Daytime)** ..... **(Evening)** .....

**(Mobile)** .....

**E-Mail address:** .....

## Employment History, both paid and voluntary

### Present (or most recent) position:

<b>Employer/Organisation:</b>  Job title: Location:  Start date: _____ End date: _____ Please give a brief description of current duties responsibilities ( <i>the box will expand</i> ):
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### Previous positions:

Dates – from/to	Organisation	Role, activity and reason for leaving

## Education and Training

### General Education & Qualifications (post-16)

Name of school / college / university attended and dates	Subjects studied	Grade / level achieved

### Counselling Qualifications

*Please indicate the name of your training institution and its awarding body e.g. CPCAB, BACP or UKCP and the approximate duration.*

Title of course	Dates/duration	Qualification	Training provider

BACP membership: **Yes / No** (if yes are you an Accredited member)? **Yes / No**

### Other Relevant Training

Title of course	Dates/duration	Qualification	Training provider

## Supporting Statement

*Please state why you are interested in this position and how you meet the requirements of the person specification – all aspects should be addressed.  
Please give examples of your achievements, skills and experience which match those sought in the job description (The box will expand)*

## References

### Referees:

Please give details of two people who can provide a reference - one should be your current or most recent employer.

#### Reference 1:

Name:
Email Address:
Telephone:
In what capacity does this person know you?

#### Reference 2:

Name:
Email Address:
Telephone:
In what capacity does this person know you?

As part of our *Safe Recruitment* procedures we will always take up references and complete other pre-employment checks as necessary.

## Health Declaration:

If you are invited for interview, are there any special arrangements that we should make for you?

**Yes / No**

Do you have, or have had, any medical condition of which we, as a responsible voluntary organisation, would need to be aware? **Yes / No**

If 'yes', please give details:

## Declaration

For the purposes of the Data Protection Act 1998, I consent to the information contained in this form and any information received by or on behalf of Youthline relating to the subject matter of this form, being processed by them in administering the recruitment process.

I declare that all information I have given on this form is complete and accurate and that I am not banned or disqualified from working with children and/or vulnerable adults nor subject to any sanctions or conditions on my employment imposed by The Independent Safeguarding Authority, the Secretary of State or a regulatory body.

I understand that to knowingly give false information, or to omit any relevant information, could result in the withdrawal of any offer of appointment, or my dismissal at any time in the future, and possible criminal prosecution.

**Youthline is committed to safeguarding and promoting the welfare of young people and expects all employees and volunteers to share this commitment. The suitability of all prospective employees or volunteers will be assessed during the recruitment process. An offer of employment will be subject to an approved Enhanced DBS and Barring Disclosure.**

Signed:

Date:

Print Name:

(An electronic signature is deemed to be a signed document when emailed.)

**When completed, please return this form (preferably by email) to:**

<b>Mrs. C Reynolds</b> <b>Practice Manager</b> 7 Portman Close Bracknell RG42 1NE	<b>collette@youthlineuk.com</b>
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