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| APPLICATION FOR A VOLUNTEER/ WORK EXPERIENCE PLACEMENT **COMPLETED APPLICATION FORMS TO BE RETURNED TO:**smoran@handsworth-mlt.co.uk |

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| **Please note we cannot proceed with your application unless you hold a current DBS certificate.**Role Required: Volunteer       Work Experience      Subject Area:      AT: Handsworth Grange Community Sports College \*Please indicate whether you are prepared to complete your placement at one of the other schools in the Minerva Learning Trust MAT Yes:       No:        |

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| **PERSONAL DETAILS: (**BLOCK CAPITALS PLEASE) |
| Title:       Surname/Family Name:       Forenames:        If relevant, please state otherSurname/family name used previously:       Date of Birth:        |
| Address:                Post Code:      | Daytime contact telephone numbers: Work:      Home:      Mobile:      E-mail Address:       |

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| National Insurance No:       |
| Department/ Subject required:      Proposed Start date:      Duration of Placement:       |

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| **PREVIOUS EXPERIENCE – please inform us of any experience you believe will contribute to you obtaining a placement at Handsworth Grange Community Sports College:** |

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| **HIGHER EDUCATION** |
| **Place of study** | **Start Date**  | **Main subjects** | **Subsidiary subjects** |
|       |       |       |       |

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| **SECONDARY AND FURTHER EDUCATION** School/College attended:       |
| Subjects taken | Grades |
|       |       |

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| **ADDITIONAL INFORMATION** (**RELATIONSHIP:** Are you related to any employee or representative of the Minerva Learning TrustIf YES, give name:       Relationship:       |
| **REFERENCES** - Please give the names and addresses of two people to whom we may write for references. **\*please do not complete this section if you are on a University or College placement.**  |
| **REFEREE (1)****(Present or most recent employer)** | **REFEREE (2)****\*Employment/Personal Capacity (\*delete)** |
| Name      Job Title       | Name      Job Title (if relevant)       |
| Address       | Address       |
| Tel No:      Fax No:      Email address:       | Tel No:      Fax No:      Email address:       |

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| **DBS Number:       Date of Disclosure:**\*Please note we cannot proceed with your application if you do not hold a current DBS. You will be asked to produce this document on the first day you start your placement with Handsworth Grange Community Sports College. |
| 1. Are you barred from working with children? **YES [ ]  NO [ ]**

**If you have answered ‘YES’ to the above, you are not eligible to work with children.** 1. Do you have any cautions, convictions, reprimands, final warnings, binding over or other orders, pending prosecution or criminal investigations that are not protected (i.e. that are not fileted out) as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013)? **YES [ ]  NO [ ]**

**If you have answered ‘NO’ to the above, please sign and return your form.****If you have answered ‘YES’ to question 2 above, you now have two options on how to disclose your criminal record.****Option 1:** Please provide details of your criminal record in the space below and email with your application form. This form will be securly saved and will only be made available to the recruiting manager, if you have been shortlisted for the job.**Option 2:** You can disclose your record under a separate cover provided that you mark a cross on the line below and attached the details in an envelope stapled to a copy of this form. The envelope should be marked **CONFIDENTIAL** and state your name and the details of the post.I have attached details of my conviction separately \_\_\_\_\_\_\_\_\_**DECLARATION**I declare that the information provided on this form is correct. I understand that the declaration of a criminal record will not necessarily prevent me from being offered this role with the Minerva Learning Trust.I confirm that the information on this form is true and correct. I understand that the Minerva Learning Trust may or may not contact my referees and verify any qualifications/registration which are required for this placement. I accept that any false statement or omission may lead to the placement offer being withdrawn Signature: Date:  |