

Cambridge Joint Playschemes ('CJP')

Registered Charity No. 1045987

Application for employment as: Playscheme Manager

All applications will be considered on merit regardless of gender, marital status, ethnic origin or disability. Applications will be treated with complete confidence and will be subject to CJP's GDPR policies and procedures which are available on request.

Please complete in full

PERSONAL DETAILS	
Surname:	Previous name (If applicable):
First name(s):	Date of birth:
Full Postal Address:	
Mobile Tel No:	Home Tel.:
Email:	

SECONDARY EDUCATION AND TRAINING		
Schools/Colleges attended	from	to
Qualifications obtained (if any)	Date	Grade
(please state if part-time)		

DETAILS OF RELEVANT TRAINING COURSES ATTENDED AND QUALIFICATIONS OBTAINED:

Course attended from to
Qualifications obtained (if any) Date Grade

(continue on separate sheet if necessary)

PRESENT OR MOST RECENT EMPLOYER :

Name	Address	Position	Length of Service
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Please give an outline of your duties:

PREVIOUS EMPLOYMENT / Relevant Experience in the Voluntary Sector (most recent first)

For each please supply Name of Employer and business (or voluntary group)

Post held	From	To	Reason for leaving
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FURTHER INFORMATION

Please use this space to tell us why you want this job. Please describe any previous experiences or abilities that are relevant to your application e.g. outside interests, jobs, family or personal experience, voluntary work, hobbies etc. Continue on a separate sheet if necessary.

REFERENCES

Please give the names and addresses of two people we can contact for a reference, including your present or most recent employer. As the post applied for is working with children one of the references given must be from an employer where you have been employed in this capacity. Please note: references will not be accepted from relatives or from people writing solely in the capacity of friends.

Name and address relationship to you	Tel.	Occupation or
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1.

2.

If you consider yourself to have a disability, please tell us if there are any 'reasonable adjustments' we can make to assist you in your application or with our recruitment process.

Do you need a work permit to work in the UK? [YES / NO]

MARKETING: Please state where you saw the advertisement for this position:

PLEASE NOTE: Because of the nature of the work for which you are applying, under the Rehabilitation of Offenders Act 1974, Exemptions Order 1975, you are required to disclose any criminal convictions you have had.

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE? (Or subject to any conditional discharges, bind-over's or cautions or have any hearings pending?)

YES /NO (please delete as applicable)

If **YES**, please provide details of any convictions, cautions and bind-over's recorded and attach to this application in a sealed envelope marked 'Confidential'. *Only relevant convictions will be taken into account in considering your application but the discovery of withheld information at a later date may lead to disciplinary action or dismissal.*

SAFEGUARDING

Cambridge Joint Playschemes has a commitment to safeguarding and promoting the welfare of children. Under the terms of the Safeguarding Vulnerable Groups Act 2006 all employees will be required to provide evidence that they have undergone checking under the Vetting & Barring Scheme (ISA) and complete an Enhanced DBS process.

If you are currently working with children, on either a paid or voluntary basis, your current employer will be asked about disciplinary offences relating to children, including any for which the penalty is time expired and whether the applicant has been the subject of any child protection concerns, and if so, the outcome of any enquiry or disciplinary procedure. If the applicant is not currently working with children but has done so in the past, that previous employer will be asked about those issues.

CLOSE RELATIONSHIPS: Please declare of any family or close relationship to existing CJP employees or employers (including trustees):

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HEALTH

Please indicate your general state of health and give details of any condition which might limit your involvement in certain activities, e.g. swimming:

Are there any tasks that you are unable to carry out? YES/NO (please delete as applicable)
If YES please specify:

DECLARATION

I hereby confirm that to the best of my knowledge the details given in this application form are true. Providing false information is an offence and could result in the application being rejected or summary dismissal if the applicant has been selected, and possible referral to the police.

As a prospective employee of Cambridge Joint Playschemes we need to collect relevant personal details from you, which are necessary for the administration of the selection process and potential employment relationship. We comply with the Data Protection Act 2018 when dealing with personal data. This means that your personal data will be processed in accordance with the law, will only be used for the purpose given and will be kept safe and secure.

We will not share it with other organisations without your knowledge, unless we are required by law to do so. We may also use it for prevention and detection of fraud. By signing this form you are consenting to Cambridge Joint Playschemes processing your personal data.

Signed:

Date:

Please return this form and any “Confidential” information to:

The Chair of Trustees, Cambridge Joint Playschemes, 73 High Street, Little Shelford, Cambridge, CB22 5ES

Tel: 01223 847213 or email to davidjhjones@btinternet.com.

Cambridge Joint Playschemes

Fitness for Work – Medical Questionnaire

TO BE SUBMITTED SEPERATELY BY POST (See Instructions below)

STRICTLY PRIVATE AND CONFIDENTIAL

Prefix [Mr/Mrs/Miss/(other)]..... First name(s).....

Surname..... Previous or maiden surname.....

Pronouns [she/her, he/him, they/them].....

Date of birth.....

Address.....

.....

Post code..... Tel.....

Email address..... Mobile:.....

MEDICAL INFORMATION

A. If you have ever suffered from any of the following please write 'YES' in column A and give the date in column B. If the answer is no please write 'NO' in column A.

Every question should be answered YES or NO.

	ILLNESS	A (yes/no)	B (yes/no)
1	Asthma, hay fever or other allergic conditions		
2	Bronchitis, pleurisy, pneumonia		
3	Rheumatism, arthritis		
4	Disease of the heart or lungs		
5	Hernia		
6	Epilepsy, convulsions, blackouts, attacks of fainting or dizziness		
7	Back trouble or injury		
8	Significant ailments of the stomach, bowels or digestive system		
9	High blood pressure		
10	Diabetes		
11	Any form of mental illness		
12	Any other severe illness, serious injury, disability or need for medical attention		

B. If there is an answer YES to any of the other previous questions, please provide further details, e.g. duration of illness, nature of treatment, date of return to work, any further attack etc. (use separate sheet if necessary).

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If space for writing is inadequate, please continue on separate sheet.

C. Are you in good health at the present time? YES [] NO []

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D. Are you taking any medicine or tablets or having any treatment regularly supplied by your doctor or hospital? YES [] NO []

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E. Do you expect to have any surgical treatment in the near future? Please give details YES [] NO []

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F. Have you during the last five years had any absences from work/study because of illness (including injury/other disability) totalling ten days or more in any one year? Please give details. YES [] NO []

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.....

G. Have you had to leave any job on medical grounds? YES [] NO [] Give brief details

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H. Are there any other relevant facts you feel you should give?

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I. Please give the name and address of your own General Practitioner

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J. Are you immune to TB by virtue of having been immunised against it or having a mantoux Tine or Heaf test? YES [] NO []

K. Have you been immunised against:

Poliomyelitis YES [] NO [] Year..... Tetanus YES [] NO [] Year.....

Rubella YES [] NO [] Year..... Hepatitis B YES [] NO [] Year....

DECLARATION

I declare that I have answered all the above questions honestly and fully and that I am not otherwise aware of any physical or mental disability which will, or may affect my working capacity. I realise that, if appointed, any false or incomplete statement on my part will render me liable to dismissal.

I agree to notify Cambridge Joint Playschemes of any changes that may necessitate the completion of a further health declaration.

I agree to make myself available for a medical examination by a medical practitioner at the charity’s expense if it is felt that the details disclosed in this document warrant further investigation in the light of the post for which I am being considered. I do / do not (delete as appropriate) authorise the charity to contact my family practitioner if this is considered necessary. I do / do not require access to the report by the medical practitioner before it is passed to my employer.

Signature.....Date.....

Print Name.....

Please return this form to Cambridge Joint Playschemes in a sealed envelope marked “Confidential” to:

**David JH Jones
Chair of Trustees
Cambridge Joint Playscheme
73 High Street
Little Shelford
CAMBRIDGE CB22 5ES**