

EXPERIENCE

Please detail any experience, paid or unpaid, that you have had that involved working with children or young people:

QUALIFICATIONS/TRAINING

Please list any relevant training, including courses/workshops attended and qualifications obtained.

SUPPORTING INFORMATION

What interests you in becoming a Volunteer Advocate and what would you hope to achieve?
(Continue on a separate sheet if necessary)

What qualities do you think you could bring to Xpress?

Have you, or anyone close to you (eg child, partner) been a client of the Social Services Department within the last two years?	YES		NO		
Do you hold a clean, current driving licence?	YES		NO		
Do you have access to your own transport?	YES		NO		
Please indicate your availability to attend the training course. This will be run over five full days, preferably in blocks of two and three days, but as far as possible we try to suit the commitments of applicants. <i>(please tick all that apply)</i>					
Week-days:	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> T	<input type="checkbox"/> F
Week-ends:	<input type="checkbox"/> SA	<input type="checkbox"/> SU			

REFERENCES

Please supply the names and addresses of two people able to provide a reference for you. One should be your current or last employer or and one should be someone (other than a relative) who is able to comment on your ability to relate to children/young people.

Name:	Name:
Address:	Address:
Job Title:	Job Title:
Capacity in which known to you:	Capacity in which known to you:

Where did you see the advertisement for this post?

REHABILITATION OF OFFENDERS ACT

Please note that the post for which you are applying is exempt from the provisions of the Rehabilitation of Offenders Act 1974. It is a condition that convictions (spent or unspent), cautions or pending Court cases are disclosed. Information should be given on a separate sheet in a sealed envelope and will be treated in complete confidence. As this work involves direct contact with children and young people, checks with police records and the Department of Health/Education will be made in confidence. ***Please therefore sign either Statement A or Statement B below.***

Statement A I have no conviction(s), caution(s) or pending Court case(s) Signed: Date:	Statement B I enclose details of conviction(s), caution(s) or pending Court case(s) Signed: Date:
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DECLARATION

I confirm that the information given on this application form is true and correct and I understand that any misrepresentation will invalidate my application and, if employed, could lead to dismissal. I confirm to the best of my knowledge that there are no medical, or other reasons, which would prevent me from undertaking the duties of the post.

Signature:

Date:

Please return this form to:
Roger Sealey, Young Peoples Advocacy Manager
8 Saffrons Road, Eastbourne, East Sussex, BN21 1DG