



# Leadership Application Form

Full name \_\_\_\_\_  
Marital status \_\_\_\_\_  
Permanent address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Postcode \_\_\_\_\_  
Tel. No. \_\_\_\_\_  
Mobile \_\_\_\_\_  
Email \_\_\_\_\_  
What post are you applying for?  
\_\_\_\_\_

Age \_\_\_\_\_  
DOB \_\_\_\_\_  
Term-time address if appropriate  
\_\_\_\_\_  
\_\_\_\_\_  
Postcode \_\_\_\_\_  
Tel. No. \_\_\_\_\_  
Mobile \_\_\_\_\_  
Email \_\_\_\_\_

Passport Photograph  
attach here

Education and Employment  
If you are still in education, at what level of school/college? \_\_\_\_\_  
What subjects are you studying? \_\_\_\_\_  
Are you or have you been employed? (include part-time/weekend employment, starting with the most recent)

Dates	Company	Job Title	Main Duties
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Interests  
What do you do in your spare time? What are your hobbies and interests? Do you do any voluntary work?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical and Social  
How would you describe your general health? \_\_\_\_\_  
Have you any allergies? \_\_\_\_\_ Are you diabetic? \_\_\_\_\_  
Have you had any serious illnesses in the last three years? (give details) \_\_\_\_\_

Medical and Social continued:

Do you intend to take prescribed medication while working with children or young people? (give details)

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Have you suffered from any depressive illness in the last 5 years? \_\_\_\_\_

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Do you have any psychological or physical conditions that you think we should know about? \_\_\_\_\_

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Are you vegetarian? \_\_\_\_\_ Do you have any special dietary requirements? \_\_\_\_\_

#### Declaration of offence

Do you have any prosecutions or have you ever been convicted at a court or cautioned by the police for any offence?            Yes             No

If yes, please provide details of all pending prosecutions, convictions, cautions, or bind over orders. You should include, if possible, the offence, the approximate date of the court hearing and the court which dealt with the matter.

(You are advised that under the provisions of the Rehabilitation of Offenders (Exceptions) Order (NI) 1979 as amended by the Rehabilitations of Offenders (Exceptions)(Amendment) Order (NI) 1987 you should declare all convictions including 'spent' convictions)

#### References

Please use BLOCK CAPITALS. (references should not be requested from relatives)

Friend

Please give the name and contact phone number of a friend who has known you for at least 3 years.

Name \_\_\_\_\_

Tel. No. \_\_\_\_\_

Professional

Please give the name and contact phone number of your current or recent employer, teacher or tutor.

Name \_\_\_\_\_

Tel. No. \_\_\_\_\_

Clergy

Please give the name and contact phone number of your current minister/ pastor/ college chaplain.

Name \_\_\_\_\_

Tel. No. \_\_\_\_\_

#### Church Involvement

Name of church \_\_\_\_\_ Denomination \_\_\_\_\_ Term-time \_\_\_\_\_

Describe briefly the beginning and growth of your faith in Jesus Christ \_\_\_\_\_

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Church Involvement continued

How do you live out your Christian Faith in your present situation? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How would you advise someone seeking to become a Christian? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please use extra space overleaf or on new page if necessary.

Declaration

- I declare that all the above information is correct and true.
- I agree to inform AYW if any of the above information changes after I have sent this form (e.g. health, criminal convictions.)
- I am in good health and believe I am able to carry out the tasks required of me.
- I agree to respect the authority of the AYW leadership and any guidelines set down by them.
- I will make myself available for the set training events, as far as is possible for me to do so.

**Over 18's:**

By typing your name here, you agree to all the terms and conditions set out in the above declaration. You should email this form to the leader in charge of the post. Email addresses can be found at website (address below).

Name \_\_\_\_\_ Date \_\_\_\_\_

**Under 18's:**

This form should be printed and signed by hand.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this completed form to:   AYW Head Office  
  Unit 10, West Bann  
  Development  
  8 Killowen Court  
  Coleraine  
  BT51 3TP

Along with a parental consent form, which can be obtained from our website, [www.allianceyouthworks.org.uk](http://www.allianceyouthworks.org.uk), and any other forms required for the post.