



BA Application Form

First name(s).....Surname/Family Name

Tel Number Email Address

Country of Birth.....Nationality

Date of Birth.....Number of years of Residency (if not born in UK/EU)

These are optional but will support our Equality and Diversity recording.
Please refer to the notes at the end of this document for the required categories

Ability status Ethnicity

Employment Status Special Educational Need

Are you currently on prescribed medication: YES/NO
If yes, please give details:

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Please enter in the box the number of days sick taken in the last year []

Details of Relevant Experience / Work to Date

Please give full details work you have undertaken with young people, children, families and/or schools, especially the church(es) and/or agency(ies) you have been working with, nature of the work, time spent in the various types of work and how long you were doing that particular work. Please use additional sheet of paper if necessary and illustrate how you have fulfilled the "professional" entry criteria.

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Other Interests

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How did you hear about the Course?

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Do you have a Potential Professional Practice Agency in Mind?

Yes - Name of Professional Practice Agency
(Please return the Potential Professional Practice form)

No - Type of Professional Practice Agency you are looking for?

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Personal Declaration

Because of the nature of the course for which you are applying, this application is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. This means you are therefore not entitled to withhold information about convictions which for other purposes are "spent" under the provisions of the Act. In the event of acceptance, failure to disclose such convictions could lead to disciplinary action being taken and any offers for a place on the course being withdrawn. Any information given will be treated in the strictest confidence and used solely in relation to this application. Please be aware that for positions involving substantial access to young people or children a system of checking police records for possible criminal background will be implemented.

Have you ever been convicted or cautioned with respect to a criminal offence? YES/NO

If your answer is YES, please give full details. *Please use an additional sheet of paper if necessary*

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Signed.....**Date**

REFERENCES

Please provide the details of the 3 referees to whom you will be sending your forms. One should be from your current or most recent employer, one from someone who knows your children, school or youth work and the third should be a personal reference, normally from a Church Leader where appropriate. You cannot submit references from family members.

Name (Employer/ College/School)

Organisation Relationship to Candidate

Name (Children/School/Youth work)

Organisation..... Relationship to Candidate

Name..... (Personal reference)

Organisation..... Relationship to Candidate

By email to: info@youthlink.org.uk

or

by post to:

CYMI
Youth Link:NI
Farset Enterprise Park
638 Springfield Road
BELFAST
BT12 7DY

ETHNIC GROUP

Please enter code only

10	White – British	11	White – Irish
12	White - any other White Background	13	Mixed - White and Black Caribbean
14	Mixed - White and Black African	15	Mixed - White Asian
16	Mixed - any other mixed background	17	Asian or Asian British – Indian
18	Asian or Asian British – Pakistani	19	Asian or Asian British – Bangladeshi
20	Any other Asian background	21	Black or Black British – Caribbean
22	Black or Black British – African	23	Any other Black background
24	Chinese	25	Any other ethnic group
26	Not Known / not provided		

EMPLOYMENT STATUS

Please enter code only

FS	Full-time Student	FT	Employed Full-time
PT	Employed Part-time	RE	Registered Unemployed (Seeking work)
UN	Unwaged - (Not Seeking Work)	NS	Not Specified

ABILITY STATUS

Please enter code only

0	Able Bodied	1	Non Registered Disabled
2	Registered Disabled	3	Learning Support Required
NS	Not Specified		

GENDER

Please enter code only

M	Male	F	Female
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SPECIAL EDUCATIONAL NEEDS

Please enter code only

0	None	1	You have dyslexia
2	You are blind or partially sighted	3	You are deaf or hard of hearing
4	You use a wheelchair or have mobility difficulties	5	You need personal care or assistance
6	You have mental health difficulties	7	You have a disability that cannot be seen, eg. Diabetes, epilepsy or heart condition
8	You have two or more of the above	9	You have a disability, special need or medical condition that is not listed above