



Staff Application Form

All applicants for posts at UK Young Autism Project are asked to complete an application form.

Please contact us separately if you need the application form in an alternative format or you require any adjustments for an interview.

89 Tilehurst Road
London
SW18 3EX

020 3369 9630
enquiries@ukyap.org
www.ukyap.org

UK Young Autism Project is a safeguarding organisation.

As part of our commitment to safeguarding children and young people, appointment to this post is subject to a satisfactory enhanced DBS check with a check against the barred lists for children and adults.

<u>Section A: Personal Details</u>	
Title: _____	First names: _____
Surname: _____	
Have you used any other names previously? _____	
If so, please state: _____	

Address: _____
Postcode: _____
Telephone: _____
Email: _____

How long have you lived at the above address? _____
If less than 12 months, please give your previous address:
Postcode: _____
How long did you live at this address? _____



What are your opinions on safeguarding?

Section B: Your present or most recent employment/voluntary work

Name of organisation: _____

Address of organisation:

Summary of role and responsibilities:

Reasons for leaving:

Section C: Previous experience of looking after and/or working with children and young people



UK Young Autism Project

Established as part of the UCLA multi-site Young Autism Project

Section D: Please give details of any relevant qualifications, training, and/or personal qualities which you feel equip you to work with children and young people.

Company Directors: Catherine Gale & Diane Hayward

UK Young Autism Project is a division of UK Behaviour Analysis & Research Group CIC

UK Behaviour Analysis & Research Group CIC • Registered in England – Company Number: 4101308 • Registered Office Rutland House, 148 Edmund Street, Birmingham B3 2FD



Section E: References	
Please give the details of <u>four</u> suitable referees.	
At least one (more if possible) should have knowledge of any previous work or contact you may have undertaken with children and/or young people	
Name:	Name:
Name of organisation (where applicable):	Name of organisation (where applicable):
Address:	Address:
Telephone:	Telephone:
Email:	Email:
In what capacity do you know this person?	In what capacity do you know this person?

Name:	Name:
Name of organisation (where applicable):	Name of organisation (where applicable):
Address:	Address:
Telephone:	Telephone:
Email:	Email:
In what capacity do you know this person?	In what capacity do you know this person?

Section F: Vetting Procedures

I understand and agree to a Disclosures and Barring Service check should I be offered the post

I have completed and signed the safeguarding and child protection self-declaration forms

Section G: Declaration

I confirm that the information I have given on this form is accurate and truthful:

Signed:

Date:

Thank you for completing this application form.

The information you give in this form will be treated in the strictest confidence.

Please email this form, along with a copy of your CV to:

enquiries@ukyap.org