

**UFA~NATIONAL CITIZEN SERVICE
2012 Application Form Team Leader**



Please fill in this form, writing clearly and completing all sections in full.

Name:			
Home address:			
Postcode:			
Home telephone:			
Mobile no:			
Email:			
Date of Birth:	day	month	year
Current employment			
Gender:	male	female	
<p>Please tell us more about yourself; your experience and skills relevant to this project, any past UFA experience and why you would like to be a Team Leader for UFA NCS</p> <p>(Continue on the reverse if necessary)</p>			

Your availability Please tick one option	OPTION 1		OPTION 2	
	WHAT	WHEN	WHAT	WHEN
	2 day Training	Weekend in May	2 day Training	Weekend in May
	Meet the Team Day	Saturday in mid June	Meet the Team Day	Saturday in mid June
	Week 1: Feel the Fear Kingswood residential	9 th – 13 th July 2012	Week 1: Feel the Fear Kingswood residential	16 th -20 th July 2012
	Week 2: Heroes from Home Local residential	16 th – 20 th July 2012	Week 2: Heroes from Home Local residential	23 rd - 27 th July 2012
	Week 3: Big Plans Local daytime delivery	23 rd – 27 th July 2012	Week 3: Big Plans Local daytime delivery	30 th July- 3 rd Aug 2012
	Supporting & Managing Social Action Projects	As needed. Completed by mid sept 2012	Supporting & Managing Social Action Projects	As needed. Completed by mid sept 2012
	Celebration event	September 2012	Celebration event	September 2012
	Option 1: <input type="checkbox"/>	Option 2: <input type="checkbox"/>		

Further information

Do you hold a current CRB check?	yes date of issue: issuing organisation:	no		
Do you have a First Aid qualification?	yes	no		
Do you have a disability?	yes	no		
If yes, which of these best describes your disability? (tick the box and add details if possible to help us to cater for your needs)	Specific learning difficulty e.g. dyslexia	Blind or partially sighted	Deaf or hearing impairment	
Wheelchair user or mobility difficulties	Autistic Spectrum Disorder or Asperger Syndrome	Mental health difficulties	Unseen disability e.g. diabetes, epilepsy, heart condition etc.	
Disability or special need not mentioned above				
Do you have any health issues, illnesses or allergies that you think we should know about?	yes	no		
If yes, please give details				
Do you have any dietary requirements that you think we should know about?	yes	no		
<i>Is there any thing else you would like us to know about that we can help with in order for you to take part?</i>				

Please give details of two referees	Please note – referees can be employers or anyone to whom you are known in a relevant context but should not be a relative. You need to have known one of them for over 12 months.
1. Name	
Job title	
Address	
Postcode	
Telephone	
email	
Relationship to you	
2. Name	
Job title	
Address	
Postcode	
Telephone	
email	
Relationship to you	
Contact details in case of emergency	
Name	
Relationship to you	
Address	
Postcode	
phone	
mobile	

Equal Opportunities Policy in Recruitment and Selection

Our recruitment processes are carried out in a way that ensures that individuals are selected purely on the basis of their ability to do the role for which they have applied. No one will receive less favourable treatment on the grounds of sex, marital status, disability, race, ethnic origin, nationality, age, sexual orientation, religious belief or political opinion or be disadvantaged by conditions or requirements which are not justified or relevant to the role. The sole criterion for selection is the suitability of the applicant for the role. We are committed to ensuring that every applicant applying for a role within the UFA is treated fairly.

Please tell us about your ethnicity. (Tick the appropriate box).

White

- White British
- Irish
- Traveller of Irish heritage
- European
- Any other White background

Mixed

- White & Black Caribbean
- White & Black African
- White & Asian
- Any other mixed background

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

Black or Black British

- Caribbean
- African
- Any other Black background

Other ethnic group

- Chinese
- Arab
- Gypsy-Roma
- Any other

Prefer not to say

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If this position will mean you need to be seconded from your normal role you will need to seek permission and consent from your senior manager.

I understand the commitment for _____ (name) to take on the role of Team Leader for the UFA NCS programme.

I give permission for them to undertake the role in lieu of their normal duties.

Signed: _____

Name: (please print) _____

Position: _____

Date: _____

In accordance with the Data Protection Act 1998, I agree that the UFA may hold and use personal information about me to keep in touch with me. This information, including that contained in this application can be stored on both manual and computer files.

I understand that photographs and video footage may be taken and used for publicity purposes in printed materials and on the UFA and YoUFA websites. These images may also be shared with NCS.

I confirm that the information on this form is correct. I understand that some of the tasks involved in my role with the UFA may be of a sensitive nature and I agree to maintain confidentiality at all times.

Signature: _____

Date: _____

Please return this form to Manjit Shellis, University of the First Age, 59-60 Water Street, Birmingham B3 1EP