**STUDENT PLACEMENT APPLICATION FORM**

**PERSONAL DETAILS:**

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| --- | --- | --- | --- |
| Last Name: |  | **First Name:** |  |

|  |  |
| --- | --- |
| Address: |  |
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|  |  |
| --- | --- |
| Postcode: |  |

|  |  |
| --- | --- |
| **Home Telephone No:** |  |

|  |  |
| --- | --- |
| **Mobile Telephone No:** |  |

|  |  |
| --- | --- |
| **E-mail address:** |  |

**AVAILABILITY:**

**We currently offer student placements on a Tuesday and Wednesday 12:00 – 20:00 from our building in Whiston. Please confirm which day would be most convenient (tick multiple if applicable):**

Tuesday 12:00 – 16:00 [ ]

Tuesday 16:00 – 20:00 [ ]

Wednesday 12:00 – 16:00 [ ]

Wednesday 16:00 – 20:00 [ ]

**MOST RECENT EMPLOYMENT:**

|  |  |  |
| --- | --- | --- |
| Employer: |  | **Dates from & to:** |

|  |  |
| --- | --- |
| Address: |  |
|  |  |
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|  |  |
| --- | --- |
| Postcode: |  |

|  |  |
| --- | --- |
| Post Title: |  |

**BRIEF OUTLINE OF DUTIES:**

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**PREVIOUS EMPLOYMENT:**

**Please list previous employers with dates of employment and role or attach CV:**

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**VOLUNTARY WORK EXPERIENCE (if relevant):**

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| --- | --- | --- |
| **Organisation** | **Dates** | **Voluntary Role** |
|  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **QUALIFICATIONS (EDUCATIONAL & PROFESSIONAL):**

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| --- | --- | --- | --- |
| **Training Provider** | **Qualification** | **Level** | **Year Obtained** |
|  |  |  |  |

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| --- |
| **Membership of any Professional / Technical Associations and level of Membership:** |
| **ADDITIONALTRAINING/CPD:**Please give details of training (formal or informal) you feel would be relevant:

|  |  |
| --- | --- |
| **Training Programme or Course** | **Duration** |
|  |  |

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| **PERSONAL STATEMENT:**Please outline your skills, knowledge and experience and how you feel these would be relevant to a student on placement:  |

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| **PROTECTING CHILDREN AND VULNERABLE ADULTS:**

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| --- | --- | --- | --- | --- |
| Rehabilitation of Offenders Act (1974)Do you have any convictions that are unspent under the rehabilitation of offender’s act 1974? |  |  |  |  |

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| --- |
| If yes, please give details / dates of offence(s) and sentence: |

The following information will be required if the voluntary role you are applying for has a requirement for a Disclosure and Barring Service check.  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Enhanced Checks Only** Are you aware of any police enquires undertaken following allegations made against you, which may have a bearing on your suitability for this post? | Yes | [ ]  | No | [ ]  |

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| **REFERENCES:**Please give the names and addresses of your two most recent employers or Course Leaders (if applicable) who can be approached. If you are unable to do this, please clearly outline who your references are. |

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| --- | --- | --- | --- |
| Name: |  | **Name:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Position (job title): |  | **Position (job title):** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Relationship: |  | **Relationship:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Organisation: |  | **Organisation:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Address: |  | **Address:** |  |
|  |  |  |  |
|  |  |  |  |
|  | Postcode |  |  | Postcode |  |

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| --- | --- | --- | --- |
| Telephone No: |  | **Telephone No:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| E-mail: |  | **E-mail:** |  |

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**DECLARATION:**

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| --- | --- | --- | --- | --- |
| Do you have any interests or hold any appointments that may conflict with any opportunities in Listening Ear?If yes, please detail on a separate sheet.  | Yes | [ ]  | No | [ ]  |

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| --- |
| Statement to be Signed by the ApplicantPlease complete the following declaration and sign it in the appropriate place below. If this declaration is not completed and signed, your application will not be considered.**I certify that:*** **all the information given by me on this form is correct to the best of my knowledge**
* **all questions relating to me have been accurately and fully answered**
* **I possess all the qualifications which I claim to hold & attach copies of my certificates**
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| --- | --- | --- | --- |
| Signed: |  | **Date:** |  |
|  |

**RETURNING THIS FORM:**

**By E-Mail:** volunteering@listening-ear.co.uk

**INTERVIEW REQUIREMENTS:**

Interviews for successful applicants are usually held via Microsoft Teams. In accordance with the Equality Act 2010, do you require Listening Ear to make any adjustments that would help to facilitate an interview?

Yes [ ]  No [ ]

## If yes, please give brief details of any adjustments you may require:

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| --- |
|  |

## For the purposes of compliance with GDPR regulations, I hereby confirm that by completing this form I give my consent to Listening Ear Merseyside processing the data supplied above in connection with the storage of this information on manual and computerised files.

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| --- | --- | --- | --- |
| Signed: |  | **Date:** |  |
|  |