

CLAPA Summer Camp 2010 Volunteer Application Form

If you have ever been arrested for, convicted of, or involved in any other way in an allegation of child abuse, please do not continue with this application.

PLEASE COMPLETE IN BLOCK CAPITALS.

Name:

Title (please delete as appropriate): **Miss Mrs Ms Mr**

Address:

Telephone, day:

evening:

E-mail:

How did you hear about this event?

Please provide contact details for 2 referees, including telephone numbers and email addresses. One of these should be your current or most recent employer wherever possible.

1.

2.

Please use this space to tell us why you would like to participate in this event and how you fulfil the requirements in the person specification, including relevant work experience. (You can continue on a separate piece of paper if necessary.)

Dietary Requirements:

Medical Conditions e.g. Asthma:

I can swim 20 metres (Please Tick): Yes No

Application process

Please return your:

- **Application form**
- **Self disclosure form**
- **Copy of your CV**
- **Two recent passport photographs**

To: **Gina Dejean**, CLAPA, FREEPOST NAT7066, London, EC1V 1BR or by email to: **info@clapa.com**

Closing date for applications: 1st April 2010. Interviews will be held in May.

All appointments made will be subject to reference and enhanced Criminal Record Bureau checks.

Equal opportunities monitoring

This sheet will be detached on receipt at CLAPA and will not be seen by the short listing panel.

The details supplied are confidential and strictly for monitoring purposes only. Ethnic groupings are those agreed by the Commission for Racial Equality.

To which of these groups do you consider you belong? (Tick one box only)

A. White

- British English Scottish Welsh Irish

Other, please write:

Any other White background, please write:

B. Mixed

- White and Black Caribbean White and Black African White and Asian

Any other Mixed background, please write:

C. Asian

- Asian British Asian English Asian Scottish Asian Welsh
 Indian Pakistani Bangladeshi

Any other Asian background, please write:

D. Black

- Black British Black English Black Scottish
 Black Welsh Caribbean African

Any other Black background, please write in:

E. Chinese

- Chinese British Chinese English Chinese Scottish
 Chinese Welsh Chinese Other ethnic group Chinese

Any other background, please write in:

F. Other/Prefer not to say:

Other, Please write:

Prefer not to say

Gender

Male

Female

Date of birth:

Age:

Where did you see this role advertised?

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Do you consider yourself to have a disability?

Yes

No

The Disability Discrimination Act (1995) covers any individual who has a physical or mental impairment, which has a substantial or long-term adverse affect on his or her ability to carry out normal day to day activities.

Optional:

If yes, please give details of the nature of your disability and how we could best support you:

I confirm that to the best of my knowledge the information given on this form is correct.

Signature

Date