The Phoenix Group for Deaf Children and Young People

Job Application Form – Youth Leader

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1. Personal Details

- Full Name: _____
- Address: _____
- Postcode: _____
- Telephone (mobile): _____
- Email: _____
- Preferred method of contact (please tick):
  ☐ Phone call ☐ Text ☐ Email
- Are you able to communicate using British Sign Language? ☐ Yes ☐ No

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2. Position Applied For

- Job Title: Youth Leader
- Where did you hear about this vacancy? _____

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3. Education and Training

Please give details of your education, qualifications, and any training relevant to this role.

Dates / School/College/University/Training Qualifications/Certificates

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4. Employment History

Please list your current or most recent employer first and explain any gaps in employment.

Dates /Employer/ Job Title / Main Duties & Responsibilities / Reason for Leaving

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5. Skills, Experience and Suitability

Please explain how your skills, experience, and personal qualities make you suitable for the role of Youth Leader.
(You may include paid work, volunteering, youth work, or lived experience supporting children and young people.)

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6. Supporting Information

Please state any additional information that may support your application, such as relevant interests, community involvement, or experience with Deaf culture and British Sign Language (BSL).

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7. References

Please give details of two referees; one must be your current or most recent employer, tutor, or supervisor. (Referees will only be contacted if you are offered and accept the role.)

Referee 1
Name: _____
Relationship to you: _____
Organisation: _____
Email: _____
Telephone: _____

Referee 2
Name: _____
Relationship to you: _____
Organisation: _____

Email: _____
Telephone: _____

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8. Safeguarding and Criminal Record Declaration

The Phoenix Group is committed to safeguarding and promoting the welfare of children and young people. This role is subject to an enhanced DBS (Disclosure and Barring Service) check.

- Do you have any unspent convictions, cautions, or warnings? ☐ Yes ☐ No
  (If yes, please provide details in a separate, confidential email or arrange a meeting with us to discuss further.)

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9. Equal Opportunities Monitoring (optional)

We are committed to equal opportunities. This section is for monitoring purposes only and will be separated from your application.

- Date of Birth: _____
- Gender: _____
- Do you consider yourself to be:
  ☐ Deaf ☐ Hard of hearing ☐ Hearing
- Do you use BSL? ☐ Yes ☐ No
- Do you consider yourself to be disabled? ☐ Yes ☐ No
- Ethnicity: _____

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10. Declaration

I confirm that the information I have provided in this application is true and complete. I understand that any false statements may result in my application being rejected or my employment terminated.

Signature: _____
Date: _____

Notes for candidates:

- Please complete this form in full or if you prefer, send us a video of your responses. If you require the form in alternative format (BSL, large print etc) please contact us at info@phoenixgroup.org.uk
- Return completed applications to: info@phoenixgroup.org.uk