**Job Application Form: BSL Interpreter & d/Deaf RSHE Project Coordinator**

Please email the completed form to **dolly@schoolofsexed.org**

**Applicant Details**

| **Position applied for:** | BSL Interpreter & d/Deaf RSHE Project Coordinator |
| --- | --- |
| **Full name:** |  |
| **Preferred name (if different to above):** |  |
| **Pronouns:** |  |
| **Address:** |  |
| **Telephone numbers:** |  |
| **Email:** |  |

| **Do you have a current DBS Certificate?** | ☐ | Yes | ☐ | No |
| --- | --- | --- | --- | --- |

| **Do you have any training in safeguarding?** | ☐ | Yes | ☐ | No |
| --- | --- | --- | --- | --- |

| **Do you have any experience facilitating workshops with young people (age 11-18)?** | ☐ | Yes | ☐ | No |
| --- | --- | --- | --- | --- |

| **Would you be willing to travel? (Expenses paid)** | ☐ | Yes | ☐ | No |
| --- | --- | --- | --- | --- |

| **When are you available to start?** |  | | | |
| --- | --- | --- | --- | --- |

**Qualifications**

| **Qualification title** | **Institution/training provider** | **Year completed** |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |

| **Are you currently studying/training?** | | | | | | ☐ | | Yes | | ☐ | | No |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| If yes, program name and institution: | | | | | | | | | | | | |
| (tick one) | ☐ | Full time | ☐ | Part time | ☐ | | Distance | | ☐ | | Other | |

**Employment (most recent first)**

| **Employer name/ establishment** | **Dates from/to** | **Position held and brief description of responsibilities** | **Reason for leaving** |
| --- | --- | --- | --- |
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**School of Sexuality Education & RSE**

Please complete the application questions below. **Word limit for each response is 100 words.** Any responses exceeding the 100 words will not be reviewed as part of the application.

| **Why would you like to work for School of Sexuality Education?**  *100 words limit* |  |
| --- | --- |
| **Have you worked with d/Deaf young people before? If yes, please provide details of your role and responsibilities.**  *100 words limit* |  |
| **Can you give an example of a time when you had to manage your own workload and meet multiple deadlines?**  *100 words limit* |  |
| **Can you give an example of a time when you were an ally or active bystander?**  *100 words limit* |  |
| **What can you bring to the organisation as a BSL Interpreter & d/Deaf RSHE Project Coordinator?**  *100 words limit* |  |

**References**

| **Do you agree to have referees contacted in relation to** **this application?** (tick one) | | | ☐ | Yes ☐ No |
| --- | --- | --- | --- | --- |
| *(Reference checks will be conducted legally, in an ethical manner and all information derived will remain confidential. Referees will only be contacted if successful at interview.)* | | | | |
| **Please provide details of two professional references.** | | | | |
| **Name** | **Contact details** | **Position held/working relationship** | | |
|  |  |  | | |
|  |  |  | | |

In order to safeguard young people, all roles that involve working in schools must pass several pre-employment checks. These include identity checks, safeguarding self-declaration, obtaining professional references, and enhanced DBS checks. More information will be provided if successful at interview.

| **Please provide any other information that you identify as being pertinent to this application**. (e.g. medical conditions, accessibility) |
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|  |

**Declaration**

I declare that, to the best of my knowledge, the information given is true and correct. I understand that inaccurate, misleading, or untrue statements or knowingly withheld information may result in termination of employment with School of Sexuality Education. I understand that this application does not constitute an offer of employment. I understand that, in some cases, police and credit checks will be required and I will be notified if this applies to this application.

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