

Application Form
Specialist Community Worker
Warrington & District Society for Deaf People (WDS DP)

Please complete all sections in black ink or type. If additional space is required, you may attach an extra sheet.

Return completed applications to: Emily.ketley@wdsdp.co.uk by 5pm on Friday 30th January 2026.

1. Personal Details

Full name

Address

Postcode

Phone (mobile)

Email

National Insurance number (optional): _____

Do you have the right to work in the UK? Yes ☐ No ☐ If No, please provide details: _____

2. Role & Availability

Position applied for

Specialist Community Worker

Preferred contract type

Full-time (35 hrs) ☐ Part-time (24 hrs) ☐
Bank ☐

3. Skills & Requirements

British Sign Language (BSL) proficiency: Basic ☐ Intermediate ☐ Advanced ☐
☐ Native/Fluent ☐

BSL qualifications (e.g., Signature Level 2/3/6):

Do you hold a full UK driving licence? Yes ☐ No ☐

Do you have access to a car for work? Yes ☐ No ☐

Weekend availability: Regular ☐ Occasional ☐ Not available ☐

4. Education & Training

<i>School/College/University</i>	<i>Course/Qualification</i>	<i>Grade/Level</i>	<i>Dates</i>

5. Employment History (most recent first)

Employer	Job Title	Main Duties	Dates (From–To)	Reason for Leaving

6. Supporting Statement

Please explain how your skills and experience meet the requirements of this role, including your experience working with the Deaf community and delivering 1–1 support. (You may attach a separate sheet if needed.)

7. Safeguarding & Convictions

This post is subject to an Enhanced DBS check. A criminal record will not necessarily bar you from employment; this will depend on the nature of the role and circumstances. (See WDSDP Recruitment of Ex-Offenders policy).

Do you have any convictions, cautions, reprimands, or final warnings that are not “protected” under the Rehabilitation of Offenders Act 1974 (Exceptions) Order?

Yes ☐ No ☐

If Yes, please provide details:

8. References

Please provide two referees, including your current/most recent employer.

Referees will only be contacted with your consent.

Referee 1 (Name, role, organisation, email, phone)

Referee 2 (Name, role, organisation, email, phone)

May we contact your referees before interview? Yes ☐ No ☐

9. Declaration

I confirm that the information given in this application is true and complete. I understand that providing false information may result in withdrawal of an offer or dismissal. I consent to the processing of my data for recruitment purposes in line with WDSDP's Privacy Notice.

Signature

Date

If you require this form in BSL or an alternative format, please contact us. We welcome applications in BSL via a secure video link; please email to arrange.

Submission: Email completed form to [applications@wdsdp.org.uk]. Closing date: 5pm 30th January 2026