

The Phoenix Group for Deaf Children and Young People

Job Application Form – Youth Leader

1. Personal Details
• Full Name:
Address:
Postcode:
Telephone (mobile):
• Email:
 Preferred method of contact (please tick): □ Phone call □ Text □ Email
2. Position Applied For
Job Title: Youth Leader
Where did you hear about this vacancy?
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
4. Employment History
Please list your current or most recent employer first.
Dates Employer & Job Title Main Duties & Responsibilities Reason for Leaving

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

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.

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 m with us to discuss further.) 	neeting
9. Equal Opportunities Monitoring (optional)	
We are committed to equal opportunities. This section is for monitoring purposes of will be separated from your application.	nly and
Date of Birth:	
• Gender:	
 Do you consider yourself to be: □ Deaf □ Hard of hearing □ Hearing 	
Do you use BSL? □ Yes □ No	
Ethnicity:	
10. Declaration	
I confirm that the information I have provided in this application is true and complet understand that any false statements may result in my application being rejected or	

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