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