



The Clare Milne Centre, Emperor Way, Exeter Business Park, Exeter EX1 3QS  
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**PATRON**- Roger Jefcoate CBE DL

Dear Applicant

Thank you for your enquiry regarding employment at CEDA. In this download you will find the forms to complete to move your application on and more information about the opportunities at CEDA.

We pride ourselves on delivering quality services and have high expectations of all our staff, to reflect this we have a vigorous recruitment process which consists of:

- Application form
- Interview
- Trial across all services
- Shadow Shift

The youth services provide out of school clubs for disabled children. We need staff to work on Saturdays and during school holidays. For those just wanting to work term time, we need people to be able to commit to at least 2 Saturdays per month. For those just wanting holiday work, we need people to be able to commit to an average of 2-3 days per week during school holidays.

You would be working within a group of children and staff but would specifically be allocated a 1:1 child to work with during the day.

The starting salary is £8.84 per hour. There is room for progression for those demonstrating the right skills for a more senior role.

Your application will be reviewed within 3 weeks and you will be informed if you have been selected for interview or not.

We look forward to hearing from you.

The CEDA Team

# CEDA APPLICATION FORM

## Private & Confidential

Applications are invited from people from all sections of the community, irrespective of their marital status, sexuality, age, gender, disability, race, colour, nationality, ethnicity, national origins, or religion, who have the necessary attributes to carry out the job.

Post applied for:

Full name:

Address:

Postcode:

Tel number/s:

Email address:

Do you have a full driving licence?    Yes     No

If yes, does it have any endorsements, i.e. points?    Yes     No

Have you had any accidents or convictions in the last 3 years?    Yes     No

If yes, please provide dates and details:

## QUALIFICATIONS/ EDUCATION/ TRAINING

Please give details of the qualifications you have achieved plus details of any relevant short courses that you have attended with details of training providers and dates:

## WORK HISTORY

Name & address of employer	From	To	Main Duties	Reason for Leaving

## **SUPPORTING INFORMATION**

In no more than 500 words please outline what you consider to be the main barriers that disabled people face in their everyday lives? As a CEDA employee how would you use your skills and experiences to support disabled people to overcome these barriers?

## REFERENCES

Please give name, address, telephone number/s and email address of two referees, one of whom should be your present/most recent employer. References may be taken up before the interview, unless otherwise stated. Also in relation to working with children, young people and vulnerable adults we will be seeking information about any past disciplinary issues relating to child/vulnerable person protection concerns you may have been subject to. If you have any concerns about this please contact us on 01392 360645.

1.	2.
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In what capacity do you know this referee?	In what capacity do you know this referee?
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How did you find out about the post?

## DECLARATION

The position for which you are applying involves contact with children, young people and vulnerable adults and is exempt from the Rehabilitation of Offenders Act 1974 and all subsequent amendments (England and Wales). For these positions you are not entitled to withhold information about police cautions, "bind-overs", or any criminal convictions, including any that would otherwise be considered "spent" under the Act.

1. Have you ever been convicted of any offence or "bound-over" or given a caution?

Yes                                            No                     

If yes please give details on a separate sheet and attach it to this form in a sealed envelope marked "Confidential Disclosure".

- 2. I acknowledge that an appointment, if offered, will be subject to satisfactory medical clearance.
- 3. I understand that if my application is successful I will be required to obtain a CRB Disclosure at the appropriate level.
- 4. I confirm that I do not live with anyone who has been disqualified from working with children.
- 5. I declare that the information given on this form is correct and understand that, on appointment, any misleading statements or deliberate omissions will be regarded as grounds for disciplinary action.

Signature ..... Date.....

**Please could you indicate the type of hours that you are seeking, this will help us establish whether any of our vacancies are suitable for you at this time:**

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	All year	Term time	Hols
<b>am</b>										
<b>pm</b>										
<b>evening</b>										

Preferred number of hours per week \_\_\_\_\_ Preferred number of days per week \_\_\_\_\_