

Maidstone Mencap Charitable Trust Ltd

Supporting Staff – Summer 2026

One to One - Helper Application Form

Please print your details clearly in CAPITAL LETTERS

Name			
Date of Birth		National Insurance no.	
Address	Postcode:		
Home Tel		Mobile Tel	
Email			
Emergency Contact Name Relationship	1. 2.	Emergency Contact Tel	1. home mobile 2. home mobile
Under 18 Parental consent:	I agree to my son/daughter working for Maidstone Mencap Charitable Trust Ltd In the event of an accident or sudden illness, if the Manager is unable to contact me or my emergency contact, I give permission to the Manager to consent to any necessary medical treatment for my son / daughter. Parent/ guardian name: _____ Signature: _____ Phone number: _____ Mobile: _____ Date: _____		
Maidstone Mencap DBS checked?	Yes / No	Number Ref Date of current DBS	
Health (any relevant problems)	Regular medication / known allergies Doctors name: Address: Telephone:		
Experience, Skills or Training			
References – Names and Addresses of Two Referees			
Name	1)	2)	
Address			
Contact Tel			
Contact Email			
Signed			
Signed		Date	

Name:

Role you Are Applying For: One to One Helper

Please refer to the **Job Description and Person Specification** and describe how your background experience, skills and attributes meet the requirements for the post you are applying for.

If Successful, what dates are you available for employment?

Please tick the days you can work at Summer Club. Priority will be given to applicants who can work most dates as we like to offer as much consistency as possible to the children attending the Club.

WEEK 1	Tick	WEEK 2	Tick
Mon 3 rd August		Mon 10 th August	
Tues 4 th August		Tues 11 th August	
Wed 5 th August		Wed 12 th August	
Thurs 6 th August		Thurs 13 th August	

WEEK 3	Tick	WEEK 4	Tick
Mon 17 th August		Mon 24 th August	
Tues 18 th August		Tues 25 th August	
Wed 19 th August		Wed 26 th August	
Thurs 20 th August		Thurs 27 th August	