Community Champions Health and Wellbeing Worker Apprentice

Application Form

Job title: Community Champions Health and Wellbeing Worker Apprentice
Contract: ***18 months fixed term: from 1st October 2026 to 31st March 2028***
Hours: **30 hours per week** (24 hours work-based / 6 hours learning & study time). Days and times negotiable depending on employer and community needs and Apprentice work/life balance.

Salary: Set at the London Living Wage - currently £14.80 per hour.
£23,088 **per year** for 30 hours per week. £34,632 for **18 months contract**

Annual leave: 25 days **per year** plus bank holidays (or as per your organisation?)

Reports to: Community Champions Project Manager
Location: As per the host Community Champions project

Please complete this form legibly and return it on or before the closing date specified in the Background and Job Description/Person Specification document. Late applications cannot be considered. ONLY INFORMATION PROVIDED ON THIS APPLICATION FORM WILL BE CONSIDERED BY THE PANEL. Curriculum vitae cannot be accepted. Candidates should outline clearly how their volunteering and/or work experience and any qualifications meet the requirements of the Community Champions Health and Wellbeing Worker Apprentice person specification. All information given will be treated in the strictest confidence. Continuation sheets may be added if necessary.

Please note that in completing this form you give consent under GDPR for us to keep the information you provide on file as long as is required by the employing organisation's Recruitment and Selection Policy.

1. POSITION APPLIED FOR: There are five apprenticeships available to be located in Champions projects in Westminster. If successful, you will be directly employed by the commissioned supplier for each project. Your project manager will discuss your location with you and allocate you to an appropriate Champions project.

2. PERSONAL DETAILS

Surname:	Email address:
Fore name/s:	Telephone number (Home or Mobile):
Date of birth:	Telephone number (Work):
Full Home Address:	

Do you have the right to work in the UK?	YES / NO
Note: your employing organisation will require proof of this right before an offer of employment can be confirmed – eg. Birth certificate and/or any other appropriate document required to confirm your right to work in the UK as required by the Asylum and Immigration Act 1996	

3. EDUCATION

From	To	Type of School (i.e. Grammar/ Secondary)	Examinations taken and Qualifications Gained (Specify Grades)

4. FURTHER/ HIGHER EDUCATION

From	To	Name of Institution (state if Full – or- Part Time)	Subjects Taken and Qualifications Gained (Specify Grades or Degree Class Obtained)

5. EMPLOYMENT RECORD (Please list chronologically, starting with current or last employer. Add rows if required)

Name and Address of Employer and Nature of Business:	From: To:	Job Title: Job Function/ Responsibilities:	Final Salary and Reason for Leaving

6. CURRENT COMMUNITY OR MATERNTIY CHAMPION EXPERIENCE

Please give the dates you began volunteering as a Champion, which project/s you volunteer with and outline what you have been doing in your Community or Maternity Champion role.

Date/s	Name/s of Project/s and Line manager/s	Short description of what you have done in your Champion role/s

7. OTHER VOLUNTEERING EXPERIENCE

(Please list chronologically, starting with current or last role. Add rows if required)

Name of Organisation	From: To:	Role Title, Function and Responsibilities

8. TRAINING

Details of any relevant accredited or unaccredited training courses attended and awards achieved, including dates, if possible

Date/s of course (approximate date/s if unknown)	Title of course and award received if applicable

9. SUPPORTING STATEMENT

In this section, please state how you meet the criteria for the Apprentice role set out in the Person Specification. Please try to you address as many of the criteria as possible, illustrated with examples from your volunteering and any paid work experience. Feel free to expand the box if necessary.

10. DISABILITY DISCRIMINATION ACT 1995

Section 1 of this Act describes a disabled person as a person with a 'physical or mental impairment which has a substantial or long-term effect on his/her ability to carry out normal day-to-day activities'. Using this definition, would you consider yourself to be disabled? Yes / No *(please state yes or no as appropriate)* If yes, do you require any special arrangements or reasonable adjustments to be made to assist you if called for interview? Yes / No If yes, please provide details:

11. REFEREES

Please give the details of two referees who can comment on your volunteering and/or work experience, including your current or most recent volunteering or work role. Referees will not be contacted without your prior approval.

Name:	Name:
Position:	Position:
Organisation:	Organisation:
Email Address: Telephone No:	Email Address: Telephone No:
Nature of Relationship:	Nature of Relationship:

12. VERIFICATION OF INFORMATION

I certify that all information I have provided is correct. I understand that any false information given may result in an Apprenticeship offer being withdrawn. Signature: Date:

Please return your completed application form and equal opportunities monitoring form by email to: **lderry@westminster.gov.uk by 5pm on Mon 20 July.**

City of Westminster