



APPLICATION FORM

PLEASE RETURN APPLICATION FORM AND MONITORING FORM TO:

DEPAUL
HUMAN RESOURCES
449 Antrim Road
Belfast, BT15 3BJ

Or alternatively e-mail to: andrew.cameron@depaulcharity.net

Application Number:

Reference Number:

HSS17/26

Closing Date:

11.59pm 03/12/2017

POST APPLIED FOR	Human Resources Administrator (Permanent)
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SURNAME: (Block Letters)	FIRST Names: (Block Letters)
Home Address:	Address for Communication (If Different)
Home Telephone Number	Work Telephone Number <i>(will only be used with the utmost discretion)</i>
E-Mail	Mobile

REFEREES

A minimum of 2 references will be required, and the reference from your current/most recent employer should be from your Line Manager. Please note your references must cover the last 3 years of your employment. In the event that you need to supply details of further referees please use a separate sheet.

1 st Referee		2 nd Referee	
From:	Period of employment To:	From:	Period of Employment To:
Name		Name	
Occupation / Relationship to you		Occupation / Relationship to you	
Address		Address	
Telephone No.		Telephone No.	
Email: (BUSINESS E-MAIL ADDRESS ONLY)		Email: (BUSINESS E-MAIL ADDRESS ONLY)	
May we contact your referee prior to interview?		May we contact your referee prior to interview?	

Education / Qualification / Training

Give details of Secondary Schools, Colleges, Universities or Institute of Further Education attended.

Period (List dates starting with the most recent) From To		<u>Name / Nature of Establishment</u>	Full or Part Time	<u>Qualifications</u> Give details, including dates of any educational Certificates, Professional or other qualifications and training with standard obtained, if applicable.

(You may be required to produce evidence of your qualifications at interview)

Please provide details of any other relevant qualifications or courses attended (include non-certificate courses)



Particulars of Voluntary Work

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Particulars of all Paid Employment

Notice Period Required: _____

Current Salary: _____

Period		Name and Full Address Of current/most recent employer	Position Held Include brief summary of duties and responsibilities
From	To		



RELATIVES

If you are related to any member of the Board of Directors or any employee of the Depaul please give the name and address of the relative, their relationship to you and the post held by him/her.



Please outline your reasons for applying for this post and demonstrate why you think you're the right person for the role. (Max 500 words)

Please note, this section will be used for shortlisting, please refer to person specification for essential / desired criteria for this role.



Application Number:

MONITORING QUESTIONNAIRE

Depaul are an Equal Opportunities Employer. We want to show that we are committed to equality of opportunity and fair treatment. To do so we need to monitor information on our employees and job applicants, so we are asking you to help us by indicating your community and ethnic background below.

This information will be used only for the purpose of monitoring our equality of opportunity and will not be used for any purpose other than this monitoring. This portion will be detached from your application form before the selection process.

PLEASE INDICATE YOUR DATE OF BIRTH: _____

PLEASE INDICATE YOUR COMMUNITY BACKGROUND BY TICKING THE APPROPRIATE BOX:

PROTESTANT ROMAN CATHOLIC NEITHER COMMUNITY

PLEASE INDICATE YOUR GENDER BY TICKING THE APPROPRIATE BOX:

MALE FEMALE

PLEASE INDICATE YOUR MARITAL STATUS BY TICKING THE APPROPRIATE BOX:

Single Married Widowed Divorced Separated

PLEASE INDICATE YOUR ETHNIC BACKGROUND e.g. White European, Chinese, Black African etc: _____

HEALTH

Do you suffer from any recurring mental or physical illness, which has lasted for over 12 months?

Yes No

If yes give details: _____

Where did you learn of the vacancy?: _____

If newspaper please specify: _____



DECLARATION OF CRIMINAL CONVICTION

Have you ever been convicted of a criminal offence, which cannot be considered 'spent' under the Rehabilitation of Offenders (NI) Order 1978?

Yes No

If yes, please give details below

FOR INDIVIDUALS APPLYING TO WORK IN RESIDENTIAL PROJECTS OR IN FLOATING SUPPORT SERVICES, PLEASE NOTE THE FOLLOWING:

Rehabilitation of Offenders (NI) Order 1978 Rehabilitation of Offenders (Exceptions) Order (NI) 1979

1. **Because of the nature of the work for which you are applying, these posts are excepted from the provisions of the 1978 Order. Applicants are, therefore, not entitled to withhold information about convictions that are for other purposes "spent" under the provisions of the Order. In the event of employment, failure to disclose such convictions could result in dismissal or disciplinary action by Depaul. Any information given will be treated as strictly confidential and will be considered only in relation to applicants to which the Order applies.**
2. **For applicants who may work directly with our client group, you will be required to give your consent for a Protection of Children and Vulnerable Adults (Access N.I) check. Please note that these checks are only carried out for preferred candidates. A copy of the AccessNI Code of Practice is available on request.**

I declare that the information I have given is true to the best of my knowledge and that inaccurate or false information given may result in an offer of employment being withdrawn.

Applicant's signature: _____ Date: _____

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