** APPLICATION FORM**

**CONFIDENTIAL**

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| **Application for the post of:** | |  | |
| **Location:** |  | | |
| **Job reference no (if known)** | | | **Closing date:** |

| **Forename (s)** | | | **Surname**    **Surname** |
| --- | --- | --- | --- |
| **Address** |  | | |
| **Postcode** | |  | |
| **Home Telephone Number** | | | **Mobile Telephone Number** |
| **Email Address** | | | **Do you have a National Insurance number?**  **Yes  No** |
| **Please tick to confirm that you are 18 or over?   (tick box) Yes  No**  *It is Group Policy that Care Workers are required to be 18 years and over due to the nature of our work, which involves personal care.* | | | |

**Education, qualification and training**

**Please include relevant qualifications obtained and any relevant training courses attended**

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| **Subjects studied and /or training completed** | **Grades and or qualifications gained** |

**Professional Qualifications / Registrations (Please give details if applicable)**

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| **Name of professional body (e.g. NISCC)** | **Membership Grade / Registration no.** | **Date of issue** |
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| **Are you legally permitted to work in the UK without restriction?** | **Yes  No** |
| **Note: The successful candidate will be required to provide documentation to support their claim that they are entitled to work in the UK. This is required under sections 15 to 25 of the Immigration, Asylum and Nationality Act 2006 and EU Settlement Scheme.** | |

**Employment History**

**(Current or most recent employer)**

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| **Give details of your present or most recent employer, your reason for leaving and the amount of notice required, if you are a school leaver, please include details of any work experience.** | | | | | | |
| **Name and address of Employer** | | **From**  **Month**  **Year** | **From**  **Month**  **Year**  **From**  **Month** | **Notice required** | | |
|  | |  |  |  | | |
| **Job Title:** | | | | | | |
| **Brief description of duties and responsibilities** | | | | | | |
| **Have you been dismissed or asked to resign by a previous employer? If Yes give details**  **Yes**  **No**    **From**  **Month**  **Year**  **To**  **Month**  **Year**  **Notice required**  **Reason for leaving and salary on leaving** | | | | | | |
| **Are you currently under investigation with any of your employers? If Yes give details**  **Yes  No** | | | | | | |
| **Previous employment**  **List all other employers, account for any gaps in employment. Continue on a separate sheet if required.** | | | | | | |
| **Employer Name** | **Position held** | | | | **From**  **Month**  **Year** | **To**  **Month**  **Year** |
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| **Experience, Skills and Knowledge** |
| **This is a vital part of the application.**  **Please read the Job Description and the Person Specification before completing this section.**  Your application will be shortlisted against the information you provide us with, as the selection panel will not make assumptions as to the knowledge, skills and experience you may have gained. Please provide detailed information demonstrating how you meet the essential and desirable criteria for this job position.    If you are working in a similar role, please describe what it is about your work that you enjoy or if you do not work in a similar role, what about this particular position has attracted you? |
| **Criminal Records / Access NI**  **Applicants need to be aware that it is the policy of the organisation in all cases to obtain an Access NI Enhanced Disclosure on each prospective employee before they commence their employment with the organisation. This check will only be commenced if you are successful at interview.**  The amendments to the Rehabilitation of Offenders (Exceptions) (Amendment) Order (Northern Ireland) 2014, provide that certain spent convictions and cautions are ‘protected’ and are not subject to disclosure to employers, and cannot be taken into account. Guidance and criteria on the filtering of these cautions and convictions can be found on the Access NI website. |
| **IT IS A CRIMINAL OFFENCE FOR A PERSON TO KNOWINGLY APPLY FOR A POSITION WHICH THEY ARE BARRED FROM**  **Is there any reason why you cannot work with children/vulnerable adults?**  **(Please tick) YES**  **NO** |

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| **Ability to drive**  **If the role requires you to drive in the course of your duties as stipulated in the job description, please confirm.** | | | | | | |
| **How many years you have been fully qualified to drive?**  **That you have a current UK driving licence?**    **That you have use of a vehicle?**    **Whether you have any driving endorsements?** | | | **­­­­**  **YES  NO**  **YES  NO**  **YES  NO** | | | |
| **If yes, please state what these endorsements are** | | | | | | |
| **Please state where you first saw this post advertised:** | | | | | | |
| **References**  **Please give details of a minimum of two referees, the first of which must be your current or most recent employer. If you have held a previous role within the Health and Social Care Sector, you are required to provide referee details for this employment. We cannot accept references from family members, friends or neighbours. If you are only able to provide one employment reference, please ensure that any second reference is somebody of a professional background within the community, i.e teacher, lecturer, doctor, accountant, police officer etc. Referees will be contacted if you are successful at interview. Employment is offered subject to successful completion of pre-employment checks which include receipt of two satisfactory references. We reserve the right to determine what constitutes a satisfactory reference. By providing the referee details you are consenting to us contacting your referees.** | | | | | | |
| **1. Current/most recent employer**   |  |  | | --- | --- | | **Name** |  | | **Position** |  | | **Address** | nnnnnnnnnnnnnnnnnnnnnn | |  |  | |  |  | | **Post Code** |  | | **Telephone** |  | | **Work Email address** |  | | | 2. Second Employer Referee     |  |  | | --- | --- | | **Name** |  | | **Position** |  | | **Address** |  | |  |  | |  |  | | **Post Code** |  | | **Telephone** |  | | **Email address** |  | | | | | |
| **DECLARATION:-**  **I confirm that I am of suitable physical and mental health to undertake the role I have applied for.**  **I declare that the information contained in this application form is correct. I understand that providing false or misleading information may lead to the offer of employment being withdrawn or if I have commenced employment, to my dismissal from the organisation. I understand that the information provided by me on this application form will be processed by the organisation in line with the Privacy Notice for Job Applicants as detailed on the organisation’s website and which I have read and understood.**  **I understand that I will be required to show evidence of my identity, qualifications and eligibility to work in the UK (if applicable) as part of the pre-employment process and prior to a job offer being confirmed.** | | | | | | |
| **Signature:** |  | | | **Date:** |  |  |
| Please return completed form to: Human Resources Department, Autism Initiatives, Office 1 & 2, Linden House, Beechill Business Park, 96 Beechill Road, Newtownbreda, Belfast, BT8 7QN Telephone: 028 90 699131  **OR** email a copy to: [recruitment@ai-ni.co.uk](mailto:recruitment@ai-ni.co.uk)  **NOTE: By emailing a completed form you are declaring that all the information is correct**  **and you understand and agree with above declaration** | | | | | | |