 **Application Form**

IN CONFIDENCE / PLEASE COMPLETE IN **BLACK** INK

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| --- | --- |
| **Position Applied For:**  Skills Coach General (Temporary)  27 ¾ hours per week | Please return completed application and monitoring forms **by 12noon Friday 21st July 2017** to [jobs@amh.org.uk](mailto:jobs@amh.org.uk) or post to:    Human Resources Manager  AMH Central Office  27 Jubilee Road  Newtownards, Co. Down  BT23 4YH |
| **Location:**  AMH New Horizons, 27 Jubilee Road, Newtownards |
| **Ref No:**  SCGA 7/17 |

**1. PERSONAL DETAILS:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname:** | **First or Given Names:** | | **Title:** |
| **Home Address:**   |  | | --- | |  |   **Postcode:** | | **Place of Birth** | |
| **Home Telephone No.** | |
| **Daytime Telephone No.** | |
| **E-mail:** | |
| **Do you have the right to work in the UK:**  **YES**  **NO** | | **National Insurance No.** | |
| ***Applicants will be required to provide documentary evidence of their right to work in the UK if they are invited for interview.*** | | | |

**2. REFERENCES:**

|  |  |
| --- | --- |
| Please give name, address and position of two persons from whom we may obtain a reference (where applicable one should be your present/last employer). | |
| |  | | --- | | 1. | | Name: | | Occupation: | | Address: | |  | |  | | Postcode: | | Tel No: | | |  | | --- | | 2. | | Name: | | Occupation: | | Address: | |  | |  | | Postcode: | | Tel No: | |

**EQUALITY OF OPPORTUNITY**

AMHis an equal opportunities employer. All applicants for employment are requested to supply information on the separate monitoring form. This information is required for monitoring purposes only and will be treated in confidence. Selection for employment will be on merit i.e. the best person for the job.

|  |
| --- |
| PLEASE STATE WHERE YOU LEARNED OF THIS POST.  IF ADVERTISEMENT, NAME THE PAPER/WEB SITE: |

1. **EDUCATION**

|  |  |  |
| --- | --- | --- |
| **Educated to QCF level 2 (including GCSE Maths and English grades A\*-C) or equivalent (Essential)**  **Relevant QCF Level 3 qualification (Essential)**  **Certificate in Teaching or equivalent (Desirable)** | | |
| SUBJECTS PASSED | LEVEL ATTAINED | GRADE |
| |  | | --- | |  | | |  | | --- | |  | | |  | | --- | |  | |

1. **FURTHER EDUCATION**

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| --- |
| **College or University Attended:** |

|  |  |  |
| --- | --- | --- |
| **Subject Passed** | **Level Attained** | **Grade** |
| |  | | --- | |  | | |  | | --- | |  | | |  | | --- | |  | |

1. **PROFESSIONAL QUALIFICATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of professional Body** | **Final result** | **Level of membership** | **Registration/ Pin Nos** |
| |  | | --- | |  | | |  | | --- | |  | | |  | | --- | |  | | |  | | --- | |  | |

**6. EMPLOYMENT HISTORY**

Present Post (MOST RECENT JOB TITLE)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name & Address of Present Most Recent Employer:**   |  | | --- | |  | | | | |
| **Job Title** | **Date of Appointment** | **Current Salary** | **Period of Notice** |
| |  | | --- | |  | | |  | | --- | |  | | |  | | --- | |  | | |  | | --- | |  | |
| **Principal Duties of Post:**   |  | | --- | |  | | | | |
| **Briefly state your reasons for wishing to leave:**   |  | | --- | |  | | | | |

**7. PREVIOUS EMPLOYMENT**

Please list previous employment beginning with the most recent.

|  |  |  |  |
| --- | --- | --- | --- |
| From / To | Name & Address of Employer | Position held & brief description of duties | Reason for leaving |
| |  | | --- | |  | | |  | | --- | |  | | |  | | --- | |  | | |  | | --- | |  | |
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**8. RELEVANT EXPERIENCE**

You should use these next sections to demonstrate how you meet the criteria for this post as identified in the job advertisement and personnel specification.

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| --- | --- |
| Paid work experience in a mental health or other relevant setting (Essential) [250 word limit]   |  | | --- | |  | |
| Experience of delivering training in a group setting (Essential) [250 word limit]   |  | | --- | |  | |
| Experience of providing training to a recognised accredited standard e.g. NVQ, OCN, OCR etc (Essential) [250 word limit]   |  | | --- | |  | |

**9. COMPETENCIES**

You should use this next section to demonstrate how you meet the **competencies’ criteria** for this post as identified **in the personnel specification**.

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**10. GENERAL**

|  |  |
| --- | --- |
| Current full driving licence, valid in the UK and access to a car on appointment or access to a form of transport which will permit them to carry out the duties and requirements of the post in full. (Desirable)   |  | | --- | |  | |

**11. ADDITIONAL**

|  |  |
| --- | --- |
| Additional Information in Support of Your Application:   |  | | --- | |  | |

**12. DECLARATION**

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| --- | --- |
| *To the best of my knowledge, the information I have given in this personal record is true and accurate. I understand that if found to have given false information or to have suppressed any material facts, I shall be liable to disqualification, or if appointed, dismissed.*   |  | | --- | | Name:  Date: | |
| **ACCESS NI**  The successful candidate will be required to undergo an Enhanced Disclosure check via the AccessNI service before commencement of employment.  *A copy of the Access NI Code of Practice is available on request.*  **STATEMENT OF NON DISCRIMINATION**  AMH is committed to equality of opportunity for all applicants including those with criminal convictions. Information about criminal convictions is requested to assist the selection process and will be seen in the context of the job criteria, the nature of the offence and the responsibility for the care of existing clients/customers and employees. |
| Do you have a disability or have special requirements to enable you to attend for interview?  YES NO   |  | | --- | |  |   If yes please specify: |

** CONFIDENTIAL**

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| --- |
| **MONITORING FORM** |
| AMH is committed to equality of opportunity in employment. In order to help us ensure our policy is being carried out, it would help if you could complete this form.  Any information you provide will be used for no purpose other than for monitoring. Please put this form in the envelope marked ‘Monitoring Officer’. The form will be separated from your application form on receipt and it will play no part in our decision on whom we select for the job. The information will be treated as confidential. |

**Community Background:**

*Regardless of whether we practice religion, most of us in Northern Ireland are seen as part of either the Catholic or the Protestant Community. Please indicate the community to which you belong by ticking the appropriate box below:*

|  |  |
| --- | --- |
| Protestant |  |
| Roman Catholic |  |
| Neither Protestant nor Roman Catholic community |  |

**Please state your Nationality: \_**     **\_\_\_\_\_\_\_**

**Please indicate you race or colour or ethnic or national origins (Please tick):**

|  |  |
| --- | --- |
| White |  |
| Chinese |  |
| Irish Traveller |  |
| Indian |  |
| Pakistani |  |
| Bangladeshi |  |
| Black Caribbean |  |
| Black African |  |
| Black Other |  |
| Any other ethnic group (please state which) |  |

|  |  |
| --- | --- |
| Sex (tick as appropriate) | Male  Female |

|  |
| --- |
| **Sexual Orientation:**  My sexual orientation is towards someone:   * Of the same sex  A different sex * Of both sexes |

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| **Disability:**  Under the Disability Discrimination Act 1995 a person is considered to have a disability if he/she has a physical or mental impairment which has a substantial and long-term adverse effect on his/her ability to carry out normal day to day activities. Please note that it is the effect of the impairment, without treatment, which determines if an individual meets this definition of disability.  Do you consider that you meet this definition of disability?  Yes  No  If yes, please state the type of disability  Mental Health Disability  Learning Disability  Physical Disability |

|  |
| --- |
| **Marital Status/Family Status:**  Married  Single  Widowed  Divorced  Separated  Co-habiting  Civil Partnership |

|  |
| --- |
| **Those With and Without Dependents:**  Do you have children? Yes  No    If yes, are they at school Yes  No  Do you have other relations for whom you have significant caring responsibilities?  Yes  No  If yes please specify: |

|  |
| --- |
| **Age:**  Please provide your date of birth or tick the Age Band to which you belong:  D.O.B.:-  **Age Band:**  16-21  22-30  31-40  41-50  51-60  61-65  65+ |

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| **FOR MONITORING USE ONLY**  **Ref No: SCGA 7/17 -**  **Soc Reference Number: SOC 3 Associate Professional Occupations** |