

**APPLICATION FOR EMPLOYMENT**

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| **Position** | **Floating Support Worker – Level 2** |
| **Contract** | **Temporary, 35 hours per week** |
| **Location** | **Housing Support for Older People, Belfast** |
| **Closing Date** | **Monday 24 March 2017 at 12 noon** |

Please complete the following Application Form and return it to us by post to:

**Belfast Central Mission, Grosvenor House,**

**5 Glengall Street, Belfast, BT12 5AD**

or by email to: **mmccleary@belfastcentralmission.org**

Please ensure all relevant sections are completed. Incomplete Application Forms will not be considered for shortlisting.

Application Forms received after the stated closing date will not be considered for shortlisting.

*For office use only*

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| *Job Reference No.* |  |
| *Applicant Reference No.* |  |

**APPLICATION FOR EMPLOYMENT**

**PERSONAL DETAILS**

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| **Surname** |  | | | | | | | | | | | | |
| **Forename(s)** |  | | | | | | | | | | | | |
| **Title** |  | | | | | | | | | | | | |
| **Address** |  | | | | | | | | | | | | |
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|  | | | | | | | | | | | | |
| **Postcode** |  | | | | | | | | | | | | |
| **Contact Telephone Numbers** | **Home** | |  | | | | | | | | | | |
| **Mobile** | |  | | | | | | | | | | |
| **Email Address** |  | | | | | | | | | | | | |
| **National Insurance Number** | | | |  |  |  |  |  | |  |  |  |  |
| **Are you eligible to take up employment in the United Kingdom?** | | | | **Yes  No** | | | | | | | | | |
| **Do you require a work permit to enable you to work in the United Kingdom?** | | | | **Yes  No** | | | | | | | | | |
| ***Note: The successful candidate will be required to provide documentation to support his/her 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 (known as the 2006 Act). These rules came into force on 29 February 2008.*** | | | | | | | | | | | | | |
| **Do you have a full driving licence?** | | **Yes  No** | | | **Are you a car owner?** | | | | **Yes  No** | | | | |
| **Endorsements in the last 5 years?** | | **Yes  No** | | | **Number of points on current licence?** | | | |  | | | | |

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| ***ALL OFFERS OF EMPLOYMENT ARE SUBJECT TO RECEIPT OF TWO SATISFACTORY REFERENCES. Please name two referees, at least one of whom should have knowledge of your current/latest work and be in a supervisory/managerial capacity (RELATIVES, FRIENDS OR COLLEAGUES SHOULD NOT BE NAMED).*** | | | | | | | |
| **Referee 1** | | | | | | | |
| **Name** |  | | | **Company** | |  | |
| **Address** | |  | | | | | |
|  | | | | | | | |
| **Email** |  | | | | **Contact Number** | |  |
| **Capacity in which known to applicant** | | |  | | | | |
| **Referee 2** | | | | | | | |
| **Name** |  | | | **Company** | |  | |
| **Address** | |  | | | | | |
|  | | | | | | | |
| **Email** |  | | | | **Contact Number** | |  |
| **Capacity in which known to applicant** | | |  | | | | |

**REFEREES**

**QUALIFICATIONS**

**EDUCATION**

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| --- | --- | --- | --- |
| **SCHOOL TYPE (e.g. technical, grammar)** | **SUBJECT** | **LEVEL** | **GRADE** |
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**FURTHER EDUCATION**

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| **COLLEGE / UNIVERSITY** | **SUBJECT** | **QUALIFICATION** | **GRADE** |
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**PROFESSIONAL QUALIFICATIONS/**

**MEMBERSHIP OF PROFESSIONAL BODIES**

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| **PROFESSIONAL BODY** | **QUALIFICATION/REGISTRATION OBTAINED** | **DATE OBTAINED** | **REGISTRATION NO. & EXPIRY DATE** |
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| **Are you subject to any sanctions imposed by your professional body?** | | | **Yes  No** |
| **If yes, please give details using the space below** | | | |
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**PRESENT/MOST RECENT EMPLOYMENT**

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| **Company** |  |
| **Address** |  |
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| **Postcode** |  |
| **Job Title** |  |
| **Date Appointed** |  |
| **Contract** | **Permanent  Temporary  Casual** |
| **Present Salary** |  |
| **Notice Required** |  |
| **Leave Date**  **(if applicable)** |  |
| **Reason for Leaving/Looking for New Employment** |  |
| **Main Duties** |  |

**PREVIOUS EMPLOYMENT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DATES FROM & TO** | **NAME & ADDRESS OF EMPLOYER** | **JOB TITLE** | **MAIN DUTIES** | **REASON FOR LEAVING** |
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**GAPS IN YOUR EMPLOYMENT**

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| **Please provide information of any gaps in your employment or education not covered in the previous section.** | |
| **DATES FROM & TO** | **REASON** |
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**OTHER EMPLOYMENT**

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| **Please note any other employment you would continue with if you were to be successful in obtaining this position.** |
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**DISABILITY**

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| **Do you consider yourself to have a disability (under the Disability Discrimination Act 1995) that would require adjustments for the selection process and in order to carry out the duties entailed in this post?** | **Yes  No** |
| **If your answer to the above is yes, please specify any adjustments required:** | |
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**ACCESS NORTHERN IRELAND**

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| **Access NI is a criminal history disclosure service established by the Government under Part V of the Police Act 1997. As an organisation using Access NI to help assess the suitability of applicants for positions of sensitivity and trust, BCM complies fully with Access NI’s Code of Practice (copy available upon request).**  **Further information on Access NI and the Disclosure process can be found on** [**www.nidirect.gov.uk/accessni**](http://www.nidirect.gov.uk/accessni) **or by calling the Access NI Helpline on 0300 200 7888.**  **If you have applied for a post with BCM which is a ‘Regulated Activity’ or giving you access to vulnerable groups, e.g. children, young people or adults, it is BCM policy and a legal requirement that we ask Access NI to carry out an Enhanced Disclosure of the successful candidate(s). This is to ensure that people who might be a risk to vulnerable groups are not appointed.**  **This information will be treated confidentially. Any matters revealed in the Disclosure Certificate will be discussed with the successful candidate and may result in the offer of employment being withdrawn.**  **After the final decision regarding recruitment is made, the information will be destroyed in line with BCM policy.**  **This information will be used only to assess the person’s suitability for employment in so far as it is relevant. Candidates will be considered on merit and ability and not discriminated against unfairly.** |

**DISCLOSURE OF CRIMINAL RECORD**

**SECTION 1 – FOR COMPLETION BY ALL APPLICANTS**

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| **Have you been involved or are you currently involved in any disciplinary action or legal proceedings which may undermine your standing ability to do the job?** | **Yes  No** |
| **If you have ticked ‘yes’ please provide details using the space below:** | |
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**SECTION 2 – FOR COMPLETION BY APPLICANTS FOR GENERAL POSTS**

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| **As the nature of the post you are applying for is not exempt from the Rehabilitation of Offenders Legislation, i.e. positions that DO NOT involve working with vulnerable groups - children, young people and adults. You should declare ‘unspent’ convictions only.**  **Have you ever been convicted of a criminal offence (‘Unspent’ only)?** | **Yes  No** |
| **If yes, please give us details of all offences, penalties and dates using the space below. Give as much information as you can including the offence, the approximate date of the court hearing and the court which dealt with the matter.** | |
|  | |

**SECTION 3 – FOR APPLICANTS FOR POSTS WORKING WITH VULNERABLE GROUPS – CHILDREN, YOUNG PEOPLE OR ADULTS**

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| **Defined as ‘Excepted’ by The Rehabilitation of Offenders (Exceptions) Order (NI) 1979 (amended 1987, 2001, 2003, 2009) or as a ‘Regulated Activity’ (as defined by The Safeguarding Vulnerable Groups (NI) Order 2007, you must declare ALL convictions, cautions, reprimands or final warnings on your criminal record both ‘spent’ and ‘unspent.’**  **Have you ever been convicted of a criminal offence or cautioned, reprimanded or given a final warning by the police? (‘Spent’ & ‘Unspent’)** | **Yes  No** |
| **If yes, please give us details of all offences, penalties and dates using the space below. Give as much information as you can, including if possible the offence, the approximate date of the court hearing and the court which dealt with the matter.** | |
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**BARRED LISTS**

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| **A barred list is a list currently held by the Independent Safeguarding Authority (ISA) that provides details of individuals barred from working with vulnerable groups. Have you been referred for inclusion on the Children’s Barred List or the Adults Barred List, which would prevent you from working with these groups?** | **Yes  No** |
| **Note: It is against the law for BCM to employ someone for this kind of work if they know they are on one of the barred lists.** | |

**COMPETENCY FRAMEWORK**

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| **Please complete the following Competency Framework Section. Failure to complete this section will result in your Application Form not being considered. Please ensure that you use, where relevant, dates, timescales and specific examples of work you carried out to demonstrate how you meet each competency. Please only use the space provided below.** |
| **PERSONAL ATTRIBUTES**   * ***Genuine interest in working with people, particularly older people.*** * ***Ability to approach our service users with empathy, understanding and patience.*** |
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| **SKILLS**   * ***Ability to develop effective working relationships with older people.*** * ***Ability to maintain accurate records relating to all aspects of your work.*** * ***Excellent interpersonal skills with the ability to relate to very different service users with their own individual needs.*** |
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| **QUALIFICATIONS**   * ***You will be required (if not already attained) to undertake a QCF Level 2 in Health and Social Care.*** * ***You will be required to attain (if not already attained)registration with the Northern Ireland Social Care Council (NISCC)****.* |
|  |
| **GENERAL**   * ***Good level of written and spoken English*** * ***Numeracy skills*** * ***A valid UK driving licence and access to a car to allow travel to various sites throughout the catchment area*** * ***Ability to work flexibly, including some evenings and weekends.*** |
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**DATA PROTECTION**

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| **The Data Protection Act 1998 (“The Act”) sets out certain requirements for the protection of your personal information against unauthorised use of disclosure. The Act gives you certain rights.**  **Except to the extent we are required or permitted by law, the information which you provide in this application form and any other information obtained or provided during the course of your application (“the information”) will be used solely for the purpose of assessing your application.**  **UNSUCCESSFUL APPLICATIONS: if your application is unsuccessful/you choose not to accept any offer of employment we make, the information will not be held for longer than one year (in line with professional guidelines) after which time it will be destroyed, although relevant information will be retained in the longer term to facilitate our Equal Opportunities Monitoring obligations.**  **SUCCESSFUL APPLICATIONS: If your application is successful, the information will form part of your Personnel File and we will be entitled to process it for all purposes in connection with your employment. So that we may use the information for the above purposes and on the above terms, we are required under the Act to obtain your explicit consent (see point 6 below).** |

**DECLARATION**

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| 1. ***I confirm that the information contained in this Application for Employment is complete and correct and that any untrue, omitted or misleading information will give my employer the right to disqualify my application or terminate any employment contract offered.*** 2. ***I agree that BCM reserves the right to require me to undergo a medical examination. (Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor). I agree that this information will be retained in my personnel file during employment and up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.*** 3. ***I agree that should I be successful in this application, I or BCM will, if required, apply to Access Northern Ireland for an Enhanced Disclosure Certificate of criminal records, including ‘spent’ and ‘unspent’ convictions.*** 4. ***I agree that BCM may apply to my previous employers for references. I understand that should I fail to do so, or should the disclosure or reference not be to the satisfaction of BCM, any offer of employment may be withdrawn or my employment terminated.*** 5. ***I confirm there are no medical reasons which would stop me from carrying out the duties of the job.*** 6. ***I consent to the use of my personal information for the purpose and on terms as set out in the Data Protection section of this Application for Employment.*** | | | |
| **Signed** |  | **Dated** |  |

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| **How did you hear about this vacancy?** | **BCM Website  Job Centre Online** |
| **Community NI Website  NI Jobs Website** |
| **Internal Advertisement** |

**For office use only**

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| BCM general logo_2010Job Ref. No. |  |
| Applicant Ref. No. |  |

**EQUAL OPPORTUNITIES MONITORING FORM**

**CO N F I D E N T I A L**

We ask you to complete and return this Monitoring Form in the envelope provided or if you have downloaded the form that you return it in a sealed envelope marked ‘Monitoring Confidential’ along with your completed Application For Employment.

**EQUALITY OF OPPORTUNITY**

BCM recognises and actively promotes the benefits of a diverse workforce and is committed to treating all employees with dignity and respect regardless of race, gender, disability, age, sexual orientation, religion or belief. We therefore welcome applications from all sections of the community.

To demonstrate our commitment to equality of opportunity in employment, we need to monitor the age, community and ethnic background of our applicants and employees, as required by the Fair Employment and Treatment (NI) Order 1998. We are therefore asking you to complete the questions below by ticking the appropriate box.

|  |  |
| --- | --- |
| **Gender** | **Male  Female** |
| **Date of Birth** |  |
| **Religious Affiliation** | **I am a member of the Protestant community** |
| **I am a member of the Roman Catholic community** |
| **I am a member of neither the Protestant nor the Roman Catholic community** |
| **Ethnic Origin** | **Bangladeshi  Black African  Black Caribbean** |
| **Black Other  Chinese  Indian** |
| **Irish Traveller  Pakistani  White** |
| **Mixed Ethnic Group  Please specify:** |
| **Other  Please specify:** |

If you do not complete this questionnaire, we are encouraged to use the “residuary” method, which means that we can make a determination on the basis of personal information on file/application form.

***Note:*** *It is a criminal offence under the legislation for a person to “give false information in connection with the preparation of the monitoring return.”*