

Camphill Holywood

Employment Application Form

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APPLICATIONS SHOULD BE COMPLETED IN BLACK INK, TYPESCRIPT OR WORD PROCESSED ALL APPLICATIONS SHOULD BE LEGIBLE AND WILL BE TREATED IN CONFIDENCE

Only applications which display all essential criteria will be processed.

CV'S WILL NOT BE ACCEPTED UNDER ANY CIRCUMSTANCES AND SHOULD NOT BE SUBMITTED

PLEASE RETURN COMPLETED FORMS BY _____

Position Applied for: Location of post: 8 Shore Road, Holyw	vood
Full Name:	
Other names:	
Address:	
Telephone: Mobile:	
Email:	
Do you have the right to work in the UK?:	Yes / No
Note: Camphill Holywood will require proof of your right to work in the UK e.g. a passport showing that the citizen of the United Kingdom or a national of the EEA or Switzerland as required by the Immigration, A Nationalit	
Do you hold a full current driving license?: Yes / No Do you have access to own form of transport?	Yes / No
Have you ever been convicted of any criminal offence/do you have any convictions pending? (Camphill Holywood is regulated by an external body, if you answer yes to this question you will be asked to complete a Disclosure of Convictions form)	Yes/ No

Please give details of someone we can contact in case of emergency:
Full Name:
Address:
Telephone: Mobile:
PRESENT EMPLOYMENT DETAILS
Name and address of present/most recent employer:
Job title: Length of service:
Current salary / pay scale: Notice period:
Reason for leaving/seeking alternative employment:
Please give a summary of the main duties and responsibilities in your current/last job:

PREVIOUS POSTS (Beginning with most recent)

<u>NB</u>: To assist consideration in your application you are advised to give precise dates for each period of employment, where possible. This is particularly important when there are time considerations for shortlisting criteria based on experience/post qualification experience.

Name and Address of Employer	Grade/Position and Department/	From	То
	Speciality	dd/ mm/ yy	dd/ mm/ yy
		//	//
Duties (briefly)			
Reason for Leaving			

Name and Address of Employer	Grade/Position and Department/	From dd/ mm/ yy	To dd/ mm/ yy
			/ /
Duties (briefly)	•	•	
Reason for Leaving			

Name and Address of Employer	Grade/Position and Department/	From	То
	Speciality	dd/ mm/ yy	dd/ mm/ yy
		//	//
Duties (briefly)			
Reason for Leaving			

Name and Address of Employer	Grade/Position and Department/	From	То
	Speciality	dd/ mm/ yy	dd/ mm/ yy
		II	//
Duties (briefly)			
Reason for Leaving			

Please continue on a separate sheet if necessary.

EDUCATION AND QUALIFICATIONS

GCSE/O'Levels/A Levels etc:

Subjects passed	Examining Body	Level Attained (e.g. GCSE etc.)	Grade	Year

Further & Higher Education:

Degree/Diploma/Certificate/NVQ	Awarding Body	Result and date obtained

Other Training:

Details of Course	Provider	Date of completion
	l	

Membership of professional organisations

Date Joined	Institute / Organisation	Grade of Membership (Where appropriate)	Membership Number

Please detail PRECISELY how you meet each element of the Essential Criteria detailed in the Personnel
Specification. If you believe you also meet elements of the Desirable Criteria please detail these also.
(please continue on separate sheet if necessary)

Please detail any other information which may be relevant to your application, anything which we may need to
consider – for example if you wish to work in our café - details of any allergies etc.
(please continue on separate sheet if necessary)
(product continue on separate shoet in necessary)

REFERENCES

Please give details of 2 employment referees, one of which must be your current or most recent employer.

In the case of school/college leavers details of 2 referees are still required. However these referees, if necessary, can both be academic or a combination of academic and employment.

Referees may be contacted at any time by us and you should indicate below if you wish to be notified before we contact them. Relatives are not acceptable as referees

	Referee 1	Referee 2
Referee Name:		
Job Title:		
Name of organisation & address:		
Telephone number:		
Email address:		
Contact you before approaching?:	Yes / No	Yes / No

DECLARATION

I confirm that I have read all the information on this application form and the additional sheets and also confirm that all the details given on this form and all other forms issued for return are correct.

I declare that to the best of my knowledge the information given is honest and accurate.

I confirm that there are no medical reasons, which would prevent me from undertaking the duties of this post.

I understand that knowingly giving false or inaccurate information or suppressing any material fact will lead to disqualification or, if appointed, dismissal.

Signed:	
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Date:

Please ensure your application is signed and dated.

Please return this application form addressed to 'Administrator':

By email: info@camphillholywood.co.uk

Or by post: Administrator 8 Shore Road HOLYWOOD Co. Down BT18 9TE

Applications received after the closing date will not be considered. CV's will not be considered.

Data Protection Act 1998

The information provided by you in support of your application will be subject to the Data Protection Act 1998. Camphill Holywood will hold this information for the purpose of processing your application and, if you are successful in obtaining employment with us, for our staff records. All information will be treated in the strictest confidence.

Camphill Community Holywood welcomes application forms from people with disabilities and is committed to promoting equal opportunities for all roles in our Community (employment or volunteering) for people with a disability who meet the essential requisites for a post/role. It is recognised that disabled people are not only those whose disability is immediately apparent (e.g. people who are registered blind or those in wheelchairs) but also those whose disability is not immediately obvious (e.g. mental illness, diabetes etc.).