

SHELTER NI IS AN EQUAL OPPORTUNITIES EMPLOYER AND WELCOMES APPLICANTS REGARDLESS OF GENDER, INCLUDING GENDER REASSIGNMENT, MARITAL OR CIVIL PARTNERSHIP STATUS, HAVING OR NOT HAVING DEPENDANTS, RELIGIOUS BELIEF OR POLITICAL OPINION, RACE, DISABILITY, SEXUAL ORIENTATION OR AGE

APPLICATION FORM

Position: Helping Hands Technician

Code: _____ (Official Use Only)

SURNAME:	FORENAME(S):
ADDRESS:	TEL NO:
	MOBILE:
	EMAIL:
NATIONAL INSURANCE NUMBER:	

ACADEMIC QUALIFICATIONS (continue on a separate sheet if necessary)			
YEAR	'O' LEVEL, GCSE, 'A' LEVEL, 'AS' LEVEL, RSA, Other	SUBJECT TAKEN	RESULT

ACADEMIC QUALIFICATIONS (After school e.g. At a college of further education or university)			
COLLEGE/ UNIVERSITY ATTENDED	SUBJECT(S) TAKEN	GRADE/QUALIFICATION OBTAINED	YEAR

EMPLOYMENT HISTORY (INCLUDING ANY VOLUNTARY WORK) – Please start with your present or last employer

From/To	Name & Address of Employer	Position Held and Brief Description of Duties	Reason for Leaving and Final Salary

COURSES ATTENDED (Give details of courses attended relevant to application)

Name of Course	Length of Course	Course Provider	Year

(Continue on a separate sheet if necessary)

MEMBERSHIP OF PROFESSIONAL BODIES EG. CHARTERED INSTITUTE OF HOUSING:

ANY STUDIES BEING UNDETAKEN AT PRESENT:

**ANY OTHER INFORMATION IN SUPPORT OF YOUR APPLICATION
(continue on a separate sheet if necessary)**

Rehabilitation of Offenders Act 1974 (Exceptions Order 1975)

Please be advised that Shelter NI adheres to the Access NI Code of Practice and has a policy on the recruitment of ex-offenders, copies of which are available upon request from Shelter NI Head Office.

The information contained in this application form will be seen only by staff involved in the recruitment and selection process.

We believe that having a criminal record will not necessarily bar you from working with us. This will depend on the nature of the position and the circumstances and the background of the offence(s).

Do you have a right to work in the UK?

The British Asylum and Immigration Act requires that all successful candidates must provide evidence of their Immigration status and eligibility to work in the UK. You will be asked to provide evidence, if you are called for an interview.

(Please delete as appropriate)

YES/NO

DO YOU HAVE A CURRENT FULL DRIVING LICENCE?

(Please delete as appropriate)

YES/NO

DO YOU OWN/HAVE USE OF A CAR?

YES/NO

MEDICAL HISTORY – Do you suffer from any physical or mental impairment that would prevent you from undertaking the job offered to you

WHAT LENGTH OF NOTICE WOULD YOU BE REQUIRED TO GIVE YOUR PRESENT EMPLOYER

PLEASE PROVIDE DETAILS OF 2 PEOPLE (NOT DIRECTLY RELATED TO YOU) WILLING TO ACT AS REFEREES. AT LEAST ONE MUST BE ABLE TO COMMENT ON YOUR WORK EXPERIENCE RELATING TO THIS POST (ONE MUST BE YOUR CURRENT OR LAST EMPLOYER)

Name:

Name:

Profession:

Profession:

Address:

Address:

Tel. No.

Tel. No.

Email

Email

STATEMENT OF APPLICANT:

The above information is true to the best of my knowledge and I understand that any answers given which prove to be inaccurate may invalidate my application.

SIGNED: _____

DATED: _____

An application returned by email will be treated as if it were a signed statement.

NOTE TO APPLICANTS:

- Application forms must be completed in full
- CV's will not be accepted
- Application forms received after the deadline date and time will not be accepted
- Please return the Equal Opportunities Monitoring Form
- If you do not hear from us within one week of the closing date, please assume that you have not been shortlisted on this occasion

The completed application form must be returned to:

**Donna Booker
Shelter NI
58 Howard St
Belfast
BT1 6PJ**

Mailto: donna.booker@shelterni.org before:

4.00 p.m. on Friday 27th January 2017

Applicants short listed will be interviewed for the above post at the GABLE Office premises.

GABLE Office address is:

Unit 24
Orchard Road Industrial Estate
Strabane
BT82 9FR