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| **Fair Employment Ref no: SW/2017/03/CNI/** | **Position applied for: Support Worker Twilight hours** |
|  | **Closing Date: Thursday 31st August 2017** |

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| **1. PERSONAL DETAILS** |
| **Title:** |       | **Full Name:** |       |
| **Address:** |       |
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|       |
|       | **Postcode:** |       |
| **Contact:** | **Telephone:**       | **Mobile:**       |
| **Email:**       |
| **Please indicate preferred contact method:**       |
| **NISCC number (HEALTH AND SOCIAL CARE WORKERS ONLY):** |

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| **NMC PIN number (NURSES ONLY):** |

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| Do you have a valid UK/EU/EEA driving license? (you will need to provide proof of this if successful) | **YES [ ]  NO[ ]**  |
| Do you have any endorsements? | **YES [ ]  NO[ ]**  |
| If you answered **YES** please provide brief details:      |
| **Are you a UK or EU/EEA national?**  | **YES [ ]  NO[ ]**  |
| If you are not a UK or EU/EEA national can you provide proof of permission to work in the UK?**If you cannot provide proof of permission to work in the UK we cannot accept your application as you are unable to work legally in the UK.** If you can provide proof of permission to work please state the nature of your permission to work in the UK, any restrictions on the hours you are permitted to work and the expiry date of the permission. | **YES [ ]  NO[ ]** Describe the type of permission to work in the UK:     Hours permitted to work:       Expiry date:       (dd/mm/yy)**We will require sight of the documentation which confirms that you are permitted to work in the UK at the interview stage. We may need to take a copy of the document and to carry out checks to authenticate it.** |

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| **2. ACCESSNI DISCLOSURE** |
| If my application is successful I agree to an Enhanced (Barred List) check being made through AccessNI prior to my employment commencing. | **YES** **[ ]  NO****[ ]**  |
| It is a criminal offence for someone on a Barred List to work or apply to work in regulated activity. Is there any reason that you cannot work in a regulated activity? | **YES [ ]  NO[ ]**  |
| An AccessNI Code of Practice is available. We can supply a Hard Copy on request or you can view it online at <https://www.nidirect.gov.uk/publications/accessni-code-practice>  |
| **3. EDUCATION / QUALIFICATIONS (continue of separate sheet if necessary)** |
| **School, College, University** | **From****(mm/yy)** | **To****(mm/yy)** | **Qualification and****Grade** |
|       |       |       |       |
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| **4. EMPLOYMENT HISTORY (continue on separate sheet if necessary)** |
| **Name of Employer (most recent employer first)** | **Start date****(mm/yy)** | **End date****(mm/yy)** | **Post held and main duties** | **Reason for leaving** |
|       |       |       |       |       |
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|  **5. NOTICE REQUIRED** |
| When would you be available to start work? |        |
| What notice period are you required to give? |       |
| Are there any restrictions on the hours you are available to work? | **YES [ ]  NO[ ]**  |
| If offered the post will you continue to work in any other capacity? | **YES [ ]  NO[ ]**  |
| If you answered **YES** to either question please provide some brief details about the restrictions and/or other jobs:      |
| Please tell us about any skills, abilities, interests or other life experiences you think would be relevant to the post you have applied for.      |

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| **6. REFERENCES** |
| Please provide **two references.** One mustbe your present or most recent employer. The other can be a previous employer, academic (teacher or lecturer) or personal.Both references cannot be from the same organisation. Personal references cannot be from immediate family or close relatives. If you are a student we will accept an academic reference. References will be checked.**IF YOU HAVE ANY QUESTIONS REGARDING ACCEPTABLE REFEREES PLEASE CONTACT US.****\*This information must be provided** |
| **REFERENCE 1** | **Type: Business / Academic / Personal (delete as appropriate)** |
| **\*Full Name:** |       |
| **\*Job Title / Organisation Name/ Relationship to Applicant:** |       |
| **\*Address:** |       |
|       |
| **\*Post Code:** |       |
| **\*Tel:** |       |
| **Email:** |       |
| **REFERENCE 2** | **Type: Business / Academic / Personal (delete as appropriate)** |
| **\*Full Name:** |       |
| **\*Job Title / Organisation Name/ Relationship to Applicant:** |       |
| **\*Address:** |       |
|       |
| **\*Post Code:** |       |
| **\*Tel:** |       |
| **Email:** |       |
| **WE WILL NOT CONTACT YOUR REFERENCES UNTIL AN OFFER OF EMPLOYMENT IS MADE** |

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| **7. SPECIAL REQUIREMENTS** |
| **If your post involves regulated activity your employment is dependent on the following:**1. Your written consent to us obtaining an AccessNI disclosure of criminal records including any convictions that are “spent” under the terms of the Rehabilitation of Offenders (NI) Order 1978 and those that are not “protected” as defined by the Rehabilitation of Offenders (Exceptions) (NI) Order 1979, as amended in 2014. Information disclosed by you may not necessarily bar you from employment with the Beeches.
2. Such disclosure being acceptable to us.
3. Proof of identity - Photographic ID e.g. passport, driver’s license plus a copy of your birth certificate (long or short version are acceptable) **NB** If you are offered a post you will be required to provide further documents for proof of address and ID. A full list is available at <https://www.nidirect.gov.uk/sites/default/files/publications/accessni-pin-notification-and-id-validation-form.pdf>
4. Two satisfactory written references.
5. We will take a photograph of you for retention in your records.
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| **8. DECLARATION** |
| **Please read the following points carefully before signing this application.**1. I declare that the above information is complete and true and understand that any untrue or misleading information will give my employer the right to terminate any employment contract offered.
2. I am prepared to undergo a medical examination if required and confirm that to the best of my knowledge there are no reasons which would prevent me from undertaking the duties of the post.
3. I confirm that I am entitled to work in the UK and can provide original documentation to confirm this.
4. I understand that the Beeches will use the information contained in this application for the purposes of recruitment and selection. I agree that this information will be retained in my personnel file during employment and for up to 3 years thereafter and I understand that the information will be processed in accordance with the Data Protection Act.
5. I consent in the event of my application being successful to the Beeches contacting third parties regarding the verification of information included in this application form, including checking qualifications and the seeking of references.
 |
| **Signed:**  | **Date:**       |

**Please return this form to:**

**The Beeches Residential Home**

41 Lisburn Road

Ballynahinch

Co Down

BT24 8TT

Telephone: 028 9756 1800

Email: donna.mckee@thebeechesltd.com

 martin.curran@thebeechesltd.com