**Clonard Monastery Youth Centre**

CONFIDENTIAL

FOR OFFICE USE ONLY

FEA REF NO.

Thank you for your interest in Clonard Monastery Youth Centre. Please complete this application form fully and accurately. If there is insufficient space for your answer, continue on a separate sheet. Please use black ink/type. ALL DETAILS MUST BE COMPLETED ON THE APPLICATION FORM. All information will be stored in accordance with our Data Protection Policy.

No CV’s

When completed this form should be returned by post to Barry Fegan, Clonard Monastery Youth Centre, 1a Clonard Gardens, Belfast BT13 2RL to arrive no later than: 17th August 2017 at 12 noon

APPLICATION FOR THE POST OF: Admin Support 12.5 hours a week

**PERSONAL DETAILS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SURNAME  Mr/Mrs/Ms/Miss  (delete as appropriate) | | | First Names | |
| Address  Post code  Tel No. Daytime:  Evening:  Mobile: | | | Email  Are you disabled?  Reg No. | |
| **HEALTH** | | | | |
| Please state, with dates, any serious illness, injury or operation etc  Do you suffer from any recurring ailments (e.g. Diabetes, epilepsy)? YES/NO  Please give details  Do you have any medical condition or disability which could affect your performances in this job? YES/NO Please give details. | | | | |
| **SECONDARY AND FURTHER EDUCATION** | | | | |
| Dates | | Name and address of school/college | | Examinations passed/ Qualifications obtained |
| From | To |
|  |  |  | |  |

**OTHER RELEVANT TRAINING QUALIFICATIONS, SKILLS AND EXPERIENCE**

|  |
| --- |
|  |

**EMPLOYMENT HISTORY**

(Continue on a separate sheet if necessary and give details of any period not covered below)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Dates |  | Name & Address of employer  (most recent first) | Job title with responsibilities | Reason for leaving |
| From | To |
|  | | | | |

**DRIVING LICENCE**

|  |
| --- |
| Have you a current driving licence? YES/NO  Endorsements:  Do you have access to a car? YES/NO |

Do you have a criminal record?

(Under the Rehabilitation of Offenders Order 1979 you must disclose details of spent convictions where employment involves access to persons under 18 years of age).**SUITABILITY FOR THE POST**

Please tell us what makes you think you are particularly suitable for this post. Please show clearly how you meet the essential and desirable criteria set out for this post. Use a continuation page if necessary.

|  |
| --- |
|  |

**REFERENCES**

Please give the names of two referees.

Where possible, one should be your present/most recent employer.

|  |  |
| --- | --- |
| Name  Position  Address  Daytime Phone No  Relationship (eg.Employer/Friend)  When can we take up this reference  Now \_\_\_\_\_ After Shortlisting \_\_\_\_\_ After Offer\_\_\_\_\_\_\_ | Name  Position  Address  Daytime Phone No  Relationship (eg.Employer/Friend)  When can we take up this reference  Now \_\_\_\_\_ After Shortlisting \_\_\_\_\_ After Offer\_\_\_\_\_\_\_ |
|  | |
| I certify that the information given is, to the best of my knowledge and belief, true and complete. I understand that any engagement entered into may be subject to passing a medical examination, references proving satisfactory and is also subject to a probationary period.  If you give details which you know to be false, or withhold any relevant information, you will be liable to disqualification, or if already appointed, to dismissal.  Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |