### CONFIDENTIAL WHEN COMPLETE

**application form**

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## Closing date: 4pm Thursday 10th August 2017

**Completed form returned to:**

# ENABLE

162 Portadown Road, Richhill, Co. Armagh BT61 9LJ

**Applicants name:**

**Job Title:**

**Job Reference:**

**Form Serial number:**

**Application notes-**

Thank you for requesting an application form for the above vacancy. We will use this form to help decide your suitability for the job so please make sure that it is accurate and complete.

You should complete all sections in black ink or typeface to assist with photocopying the form.

Applicants should submit this form only; supplementary material such as CV’s will not be considered. Forms may be submitted electronically, and if called for interview you may be asked to sign a hard copy.

Please complete all sections of the form thoroughly, if a section is not relevant or does not apply to you please state on the form, e.g. “N/A” (not applicable).

You should use this form to highlight relevant and appropriate experience given the essential and desirable criteria outlined in the person specification.

You should write down clearly your personal involvement in any experience you quote. It is not sufficient to simply state that you possess the criteria, it must be fully demonstrated.

You should provide sufficient detail, including the appropriate dates needed to meet the eligibility criteria.

If you would like a copy of the form in large print, or in Word computer format please contact the person named on the accompanying details.

To be considered your completed application form must be returned no later than the closing date and time given with the application pack. Late applications will not be considered.

Please return the completed application form to: ENABLE, 162 Portadown Road, Richhill, Co. Armagh BT61 9LJ or [info@enableni.com](mailto:info@enableni.com)

If you would like a confirmation of receipt of application, please enclosed a self-addressed envelope or request a read receipt for applications submitted by email. ENABLE will not be held responsible for applications that fail to be delivered or received on time.

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| Personal details |
| Surname: Previous surname: |
| Forenames: |
| Address:  Postcode: |
| Tel. No: Home:  Mobile: |
| E-mail: |
| Date & place of birth: |
| National Insurance No: |
|  |
| Previous addresses |
| If you have not lived at your present address for the past five years, please state any previous address / addresses:  ………………………………………………………………………………………  ………………………………………………………………………………………  ……………………………………………………………………………………… |
|  |
| Interview dates |
| For interview purposes please state any holiday arrangements:  From: To:  ENABLE would like to point out that it is under no obligation to take account of your holiday arrangements but will endeavour to do so. |

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| --- | --- | --- | --- | --- |
| Education, Training and Qualifications | | | | |
| Please give brief details of all training and other courses you have undertaken which are relevant to this post | | | | |
| *Name of School/College/*  *University attended* | *From-To* | *Qualifications*  *including grades* | | *Date*  *Obtained* |
| 1 Schools (after age 11) | | | | |
|  |  |  | |  |
| 2 Further or higher education (Full and Part-time) | | | | |
|  |  |  | |  |
| 3 Professional or other courses including training courses attended, NVQs etc | | | | |
|  |  |  | |  |
| 4 Current membership of professional organisations | | | | |
|  | | | | |
| Employment / Work Experience | | | | |
| *Present / last employer* | | | | |
| Employer name & address | | | | |
| Position held | | | | |
| Present salary | | | | |
| Date started | | | | |
| Period notice | | | | |
| Duties | | | | |
|  | | | | |
| *Previous employment* | | | | |
| Employer (most recent first) | Position held and brief description of duties/responsibilities | | Dates  to – from | Reason for leaving |
|  |  | |  |  |
|  | | | | |
| Voluntary service/ community work | | | | |
| Please give details of any work you have undertaken on an unpaid voluntary basis: | | | | |
| **Relevant experience to this post** | | | | |
| Using the personnel specification, please demonstrate how your experience, skills, abilities, knowledge, qualities and/or qualifications required to be able to carry out the duties of this post. Please therefore address each criterion listed in the specification, drawing upon all of your experience, whether on a paid or on a voluntary basis.  E = essential criteria D = desirable criteria | | | | |
| * Experience/Qualifications/Knowledge | | | | |
| E *1 years’ experience in working with marginalised groups in a health and social care environment or community and voluntary sector organisation* | | | | |
| D *Experience and knowledge of the issues affecting people with a disability and their carers* | | | | |

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| * **Skills and Abilities** |
| E *Have the ability to undertake a range of personal and practical care tasks in accordance with the established support plan.* |
| E *Ability to work effectively in a lone worker capacity and as a team member. Have good communication skills.* |

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| * **Requirements: Personal Qualities/Circumstances** |
| E *Acts with honesty and integrity.* |
| E *Be self-motivated, reliable and committed* |
| E *Ability to work flexible, unsociable hours including evenings, weekends and on-call hours and to travel throughout the Southern Trust Area at times demanded by the job.* |
| E *\*\*\* Access to a car or access to an alternative form of transport to meet the travel requirements of the job.* |
| Please tell us about anything that you have not mentioned elsewhere and is relevant to the post you have applied for: |

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| --- | --- | --- | --- | --- |
| **Medical History** | | | | |
| Please give brief details and approximate dates of any periods of sickness during the past 2 years. | | | | |
| Reason | No. of working days off | | From | To |
|  |  | |  |  |
|  | | | | |
| **References** | | | | |
| Please give details of two people, one of which should normally be your current line manager, who are able and willing to comment on your suitability for this job. | | | | |
| Name:  Address:  Tel. no:  Email address:  Relationship to you e.g. Manager, colleague etc:  Do you wish to be consulted before this referee is approached? Yes/ No | | Name:  Address:  Tel. no:  Email address:  Relationship to you e.g. Manager, colleague etc:  Do you wish to be consulted before this referee is approached? Yes/ No | | |

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| **Eligibility to work in the UK** |
| Are you currently eligible for work in the UK? (please tick)  Yes🞏 No🞏  Please note: you will be required to provide documentation to support this claim (under Section 8 of the Asylum and Immigration Act 1996) if offered the post. |
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| Pre employment background checks |
| Enable will ensure that those working directly with people are appropriately screened. Please note that a criminal record will not necessarily prevent you from working for the organisation. However, because of the vulnerability of some of the people with whom we work, we reserve the right to conduct checks as deemed necessary. The AccessNI Code of Practice for Registered Bodies and Enable policies in relation to this are available on request.  Have you ever been convicted of any criminal offence by a Court of Law? **Yes/No**  If the answer to the above is ‘Yes’, please complete the following:   |  |  |  |  | | --- | --- | --- | --- | | **Date** | **Place** | **Offence** | **Sentence** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |     I agree to these details being given to the police to check for any records of convictions, cautions or bindovers in respect of myself **Yes/No**  Is there any reason that you cannot apply to work in a regulated activity? **Yes/No**  The information provided on this application form will remain confidential and will be used for selection. If your application is successful, we may, from time to time, wish to process this information for personnel administration and business management purposes. Where this is the case, processing, whether by means of a computer or otherwise, will take place in accordance with the provision of the Data Protection Acts 1984 and 1998. By signing this form, you will be providing your consent to these uses.  Signature: …………………………………… Date: ……………………………… |
| |  | | --- | | **DECLARATION** |   I declare that to the best of my knowledge and belief, all particulars I have given are complete and true. I understand that any false declaration or misleading statement or any significant omission may disqualify me and render me liable to dismissal. I understand that any offer is subject to satisfactory references and a probationary period and (where appropriate) a satisfactory medical report. I understand that if this post involves direct working with people with a learning disability, the post is subject to a Criminal Records check (Disclosure). Should I be offered such a post, I understand that I will need to seek a Criminal Record through AccessNI before the appointment is confirmed. |
| Signature: …………………………………… Date: ……………………………… |

**Job Reference:**

**Form Serial number:**

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| Equal Opportunities Monitoring Form |
| This information will be treated as completely confidential and will be used for monitoring purposes only and will not be considered during the selection process. |
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| Perceived religious affiliation |
| I am a member of the Catholic community □  I am a member of the Protestant community □  I am a member of neither the Catholic community nor the Protestant community □ |
|  |
| Gender |
| Male □ Female □ |
|  |
| Marital status |
| Married □  Single □  Other □ |
|  |
| Disability |
| Under the Disability Discrimination Act 1995, a disability is defined as “a physical or mental impairment which has a substantial and long term adverse effect on your ability to carry out normal day to day activities”.  Having read this definition, do you consider yourself to have a disability?  Yes □ No □ |
|  |
| Age band |
| 16-20 □ 21-30 □ 31-40 □  41-50 □ 51-60 □ 61-65 □ |
|  |
| Cultural/ Ethnic origin |
| White □  Chinese □  Indian □  Traveller □  Asian others ( ) □  Black/ African-Caribbean □  Pakistani □  Other ( ) □ |
| **This information should be returned in the envelope provided, separate from the application form.** |