### CONFIDENTIAL WHEN COMPLETE

**application form**



**Job Title: Youth Support Worker /part time**

**Job Reference: YSW 08.17**

**Form Serial number:**

**Completed form returned to:**

# ENABLE

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

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. Please do not send any curriculum vitae.

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.

Please return your completed form no later than the closing date to the address shown below. Late applications may not be considered.

## Closing date: 30th August 2017

**Applicants name:**

|  |
| --- |
| 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. |

|  |
| --- |
| 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 |
|  |
| 5 Driving Qualifications |
| Do you hold a current, valid full driving licence? Yes/ NoPlease describe e.g. Car/ LGV/ PCVDo you own a car? Yes/ NoDo you have access to one? Yes/ No |
| 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, how do your skills, experiences and abilities relate to this post? |
|  |
| **Additional information** |
| Please tell us about anything that you have not mentioned elsewhere and is relevant to the post you have applied for: |

|  |
| --- |
| **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: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: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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| Pre employment consultancy service |
| It is our policy to ask for a POCVA check to be carried out by ACCESS:NI and the Police for those who are applying for posts that involve substantial access to children/persons with a learning disability. The purpose of the check is to make sure that people are not appointed who might be a risk to children/persons with a learning disability.The check will tell us whether you have a criminal record, or whether the ACCESS:NI holds any other information about you which might have a bearing on your suitability. Any information which we receive will be treated confidentially and will be destroyed after a decision regarding your appointment has been reached.Unprejudiced consideration will be given to candidates who declare criminal conviction(s) unless their offence (s) is/are manifestly incompatible with the post in question. |
|  |
| Have you ever been convicted of any criminal offence by a Court of Law? Yes/NoIf 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 |
| **Declaration** |
| I declare that the information set forth in this application form is, true and complete. I understand that if any information I have provided is found to be untrue any offer may be withdrawn or any contract of employment may be terminated. I understand that any offer is subject to satisfactory references and a probationary period and (where appropriate) a satisfactory medical report. I understand that a POCVA check must be carried out if the post involves working with children, young people or persons with a learning disability and give my consent to ENABLE:NI to request relevant information from ACCESS:NI and the Police if required.I understand that in submitting this application form and in any subsequent employment with ENABLE:NI, my information will be processed in accordance with the Data Protection Act 1998. **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.  |
|  |
| 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 □ |
|  |
| Martial 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.** |