

**Application Form**

Closing Date: 12 NOON 26/07/17

Please tick which position you wish to apply for. If you wish to apply for more than one post please number these in preference starting at number 1.

**Youth Empowerment Worker (Full-time based in Streetbeat)**

**Youth Empowerment Worker (Full-time based in YEHA)**

**Youth Support Worker (Part-time based in Streetbeat)**

**Youth Support Worker (Part-time based in YEHA)**

Applicants must ensure they provide sufficient information on the application form to enable the selection panel to assess their eligibility for consideration. Late applications will not be accepted. Please do not forward a curriculum vitae.

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| 1. **Personal Details** | |
| Dr/Mr/Mrs/Ms/Miss | Surname: |
| Forename (s): | |
| Address:  Postcode: | Telephone Number: |
| Email address: | |
| Are you an EU citizen? | National Insurance No. |
| Do you hold a driving licence?  If yes, please state the type of licence: | Do you have access to a car or other suitable form of transport to meet the essential requirements of the post? |

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| 1. **Qualifications (original documentary evidence will be required from the successful candidate)** | | | | | |
| **Subject obtained/to be taken** | | **Level of Exam** | **Grade** | **Year obtained/expected** | |
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|  | |  |  |  | |
| **Membership of Professional Body** | | | | | |
| Name of professional Body | Qualification/Membership status (please indicate if obtained by examination) | | | | Date obtained |
|  |  | | | |  |

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| 1. **Present Employment** | | | |
| Name and address of employer: | | | |
| Position/Grade: | Date of appointment: | Annual salary/wage: | Period of notice: |
| Brief description of duties: | | | |

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| 1. **Previous Employment**  (beginning with the most recent) | | | | | |
| Name and Address of employer | Job title/grade | Period of employment | | Main duties | Reason for leaving |
|  |  | From | To |  |  |
|  |  |  |  |  |  |
| 1. **Unpaid or voluntary work experience**  (beginning with the most recent) | | | | | |
| Name and Address of employer | Job title/grade | Period of voluntary work | | Main duties | Reason for leaving |
|  |  | From | To |  |  |
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| 1. **Relevant Information**  (Important – Please provide details of how you meet the essential criteria and desirable criteria together with any additional information you feel is relevant for the post) | | | | | |
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| 1. **Child Protection (please note this post may be a ‘regulated position’ as defined under POCVA (NI) Order 2003)** | | | | | |
| Is there any reason as to why you would not be suitable to work with children/young people in regulated activity\*?  If yes please give details:  Streetbeat Youth Project fully comply with the Code of Practice by Access NI and are committed to an equality of opportunity, providing a service free from unfair and unlawful discrimination. To this end a criminal record will not necessarily be a bar to obtaining employment.  \*Details on regulated Activity can be found here: <https://www.nidirect.gov.uk/articles/regulated-activity-vulnerable-groups>  Please provide information below to explain any gaps in your employment history | | | | | |

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| 1. **References** | |
| Please give the names, address and email contact of two referees, one of whom should be able to comment on your suitability to work with children/young people and/or your professional ability. Prior consent of referees should be obtained. References must not be submitted with this form. | |
| 1.  Position held: | 2.  Position held: |
| Any person involved in the recruitment process for the post for which you are currently applying cannot act as a referee. | |

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| 1. **Disability** |
| In accordance with the Disability Discrimination Act, a person is disabled if they have, or have had, “A physical or mental impairment which has, or has had, a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities”.  As part of Equal Opportunities Policy Streetbeat welcomes applications from people with disabilities. If you have a disability which requires special arrangements is to be made for interview, please specify assistance required. |

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| 1. **Declaration** (canvassing/declaring/consent/data protection) |
| I hereby certify and declare that:   1. I declare that I have not canvassed in any way and that the information contained in this form is true and accurate. 2. I understand this post (or may be) exempt from the Provisions of the Rehabilitation of Offenders (NI) Order 1978 by virtue of the Rehabilitation of Offenders (Exemptions) (NI) Order 1979 and (Exceptions Amendment) Order (Northern Ireland) 1987. In the event of my application being successful, I consent to a check being made with the Police Service of Northern Ireland to determine if there is any record of convictions, cautions or bind-overs against me. 3. The information on this form and the equal opportunity questionnaire is required for the purpose of processing your application. The information is covered by the provisions of the data protection Act 1998. Your signature to the form is deemed to be an authorisation by you to allow Streetbeat to process and retain the information for the purpose(s) stated.   Signature: Date: |

Please complete and return this form and Equal Opportunities Questionnaire to the address below no later than 12 noon on the closing date.

**All original qualification certificates will be required to be shown at interview.**

Streetbeat Youth Provision

16 Woodvale Road

Belfast

BT13 3BS

Or email to: [info@streetbeatyouthproject.com](mailto:info@streetbeatyouthproject.com)

**EQUAL OPPORTUNITIES MONITORING FORM**

Streetbeat and YEHA are an Equal Opportunity Employer committed to fairness and equality.

Please complete this form and tick the appropriate response in each of the following sections.

**Guidance Notes:**

We are an Equal Opportunities Employer. We aim to provide equality of opportunity to all persons regardless of their religious belief; political opinion; sex; race; age; sexual orientation; or, whether they are married or are in a civil partnership; or, whether they are disabled; or whether they have undergone, are undergoing or intend to undergo gender reassignment.

We do not discriminate against our job applicants or employees on any of the grounds listed above. We aim to select the best person for the job and all recruitment decisions will be made objectively.

In this questionnaire we will ask you to provide us with some personal information about yourself. We are doing this for two reasons.

Firstly, we are doing this to demonstrate our commitment to promoting equality of opportunity in employment. The information that you provide us will assist us to measure the effectiveness of our equal opportunity policies and to develop affirmative or positive action policies.

Secondly, we also monitor the *community background* and *sex* of our job applicants and employees in order to comply with our duties under the *Fair Employment & Treatment (NI) Order 1998*.

**You are not obliged to answer the questions on this form and you will not suffer any penalty if you choose not to do so.**

Nevertheless, we encourage you to answer the questions below. Your identity will be kept anonymous and your answers will be treated with the strictest confidence. We assure you that your answers will not be used by us to make any unlawful decisions affecting you, whether in a recruitment exercise or during the course of any employment with us. To protect your privacy, you should not write your name on this questionnaire. The form will carry a unique identification number and only our Monitoring Officer will be able to match this to your name.

**Community Background:**

**Please indicate the community to which you belong by ticking the appropriate box below:**

I am a member of the Protestant community: 

I am a member of the Roman Catholic community: 

I am not a member of either the Protestant or the

Roman Catholic communities: 

*If you do not answer the above question, or if you tick the “not a member of either” box, we are encouraged to use the residuary method of making a determination, which means that we can make a determination as to your community background on the basis of the personal information supplied by you in your application form/personnel file.*

**Sex:**

**Please indicate your sex by ticking the appropriate box below:**

Male: 

Female: 

***Note: If you answer these questions about community background and sex you are obliged to do so truthfully, as it is a criminal offence under the Fair Employment (Monitoring) Regulations (NI) 1999 to knowingly give false answers to these questions.***

**Age:**

**Please state your date of birth:**

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Racial Group:**

**Please state your country of birth:**

My country of birth is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please state your nationality:**

My nationality is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please indicate which of the following applies to you:**

White  Chinese 

Irish Traveller  Indian 

Pakistani  Bangladeshi 

Black Caribbean  Black African 

Black Other 

Mixed ethnic group (please state which): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any other ethnic group (please state which): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Disability:**

Under the *Disability Discrimination Act 1995* you are deemed to be a disabled person if you have cancer, multiple sclerosis or HIV infection.

Also, you are deemed to be a disabled person if you have 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.

**Do you consider that you are a disabled person?**

Yes:  No: 

**If you answered “yes”, please indicate the nature of your impairment by ticking the appropriate box or boxes below:**

**Physical impairment**, such as difficulty using

your arms, or mobility issues requiring you to use

a wheelchair or crutches:

**Sensory impairment**, such as being blind or

having a serious visual impairment, or being deaf

or having a serious hearing impairment:

**Mental health condition**, such as depression

or schizophrenia:

**Learning disability or difficulty**, such as

Down’s Syndrome or dyslexia, or **Cognitive impairment**,

such as autistic spectrum disorder:

**Long-standing or progressive illness or health condition**,

such as cancer, HIV infection, diabetes, epilepsy or

chronic heart disease:

**Other** (please specify):

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**Marital Status / Civil Partnership Status:**

**Please indicate whether you are married or in a civil partnership by ticking the appropriate box below:**

Are you married or in a civil partnership?

Yes:  No: 

**Dependants / Caring Responsibilities**:

Do you have dependants, or caring responsibilities for family members or other persons?

Yes:  No: 

**If you answered “yes”, are your dependants or the people your look after?**

(Please tick the appropriate box or boxes):

A child or children: 

A disabled person or persons: 

An elderly person or persons: 

Other: 

If “Other”, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for providing this information.