Duncairn Manse

**FOR OFFICIAL USE ONLY**

JOB REFERENCE NO

APPLICATION NO

174 duncairn Avenue

Belfast BT14 6BP

Northern Ireland

# APPLICATION FORM

Please complete all sections

Tel: 028 9075 1686

e-mail: info@tidestraining.org

# www.tidestraining..org

POSITION APPLIED FOR:

**PERSONAL DETAILS:**

Title: First name(s):

Surname: Previous Surname(s):

Address:

Postcode:

Tel no.(home):

Email address: Tel no.(mobile):

NI/PPS no.: Are you currently entitled to work in UK/Ireland YES NO

Current Driving licence: YES NO Access to car: YES NO

Applying for post in: L/Derry Belfast or Both (please tick)

## EDUCATION:

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Qualification e.g. GCSE, NVQ, BTEC, LEAVING CERT | Date | | Qualification attained & level |
| From | To |
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**TRAINING / PROFESSIONAL MEMBERSHIP**:

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| --- | --- |
| Title of course/membership: | Date of course/membership commenced: |
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**EMPLOYMENT HISTORY:**

Start with your present/most recent position and work backward through your career detailing any gaps in employment.

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| --- | --- | --- | --- | --- |
| Dates | | Name, address and telephone number of employer | Position held & main responsibilities | Reason for leaving |
| From | To |
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**GENERAL INFORMATION:**

Please give additional relevant information in support of your application.

*This should include details of your skills, knowledge, experience & personal qualities relevant to the job that you are applying for and outlining how you meet the essential criteria.*

Please give details of any previous voluntary work that you have undertaken:

**CRIMINAL CONVICTIONS (for Careworkers & posts working with Vulnerable Adults/Children):**

*All convictions including spent conviction and all pending prosecutions must be declared. Please note a satisfactory Access NI/Garda Clearance is required prior to commencement of employment.*

Have you ever been cautioned or convicted of a criminal offence, or any prosecutions pending? (*If yes provide details below):* YES NO

**Details:**

How much notice are you required to give your present employer?

How did you hear about this vacancy?

**REFERENCES:**

Please give the names and addresses of two persons whom we may contact for references. One should be your present employer and the 2nd a previous work reference where possible.

Can we contact your present employer after a verbal offer is made? YES NO

|  |  |
| --- | --- |
| Name: | Name |
| Address: | Address: |
|  |  |
| Tel no. | Tel no. |
| Occupation: | Occupation: |

**DECLARATION:**

The information that you have provided, which includes sensitive and personal data, will be stored on computer and/or held on file under the terms of the Data Protection Act 1998 and subsequent legislation.

I confirm that the information I have given is correct and that no material facts have been withheld and any offer of employment made by Bryson Charitable Group is subject to the receipt of satisfactory references.

I consent to the processing of this information for the purposes of my application, subsequent employment and agree to personal vetting or other such searches being made, as may be necessary, now or in the course of my employment.

Signature: Date:

## TIDES Training and Consultancy is an equal opportunities employer

This application form and all supplementary forms should be returned to:

Melissa McFarlane, TIDES Training, 174 Duncarn Avenue, Belfast, BT14 6BP

This project has been supported by the EU’s PEACE IV Programme, managed by the Special EU Programmes Body.

**EQUAL OPPORTUNITIES MONITORING**

TIDES TRAINING & CONSULTANCY (TIDES) IS AN EQUAL OPPORTUNITIES EMPLOYER AND OUR POLICY IS TO ENSURE THAT NO JOB APPLICANT RECEIVES LESS FAVOURABLE TREATMENT ON THE GROUNDS OF RACE, DISABILITY, RELIGIOUS BELIEF, POLITICAL OPINION, GENDER, MARITAL OR FAMILY STATUS, SEXUAL ORIENTATION OR AGE.

UNDER OUR FAIR EMPLOYMENT (NI) ACT 1989, TIDES IS REQUIRED TO SEEK THE INFORMATION BELOW WHICH WILL BE TREATED IN THE STRICTEST CONFIDENCE AND USED FOR MONITORING PURPOSES ONLY.

THIS SHEET WILL BE DETACHED FROM THE APPLICATION FORM AND WILL NOT BE MADE AVAILABLE TO ANYONE OTHER THAN THE MONITORING OFFICER.

ANSWER THE FOLLOWING QUESTIONS BY TICKING THE APPROPRIATE BOX:

**1. GENDER**: MALE FEMALE

**2. DATE OF BIRTH**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. MARITAL STATUS:**

MARRIED SINGLE

DIVORCED LEGALLY SEPARATED

**4. PLEASE INDICATE THE COMMUNITY TO WHICH YOU BELONG:**

I AM A MEMBER OF THE PROTESTANT COMMUNITY

I AM A MEMBER OF THE ROMAN CATHOLIC COMMUNITY

I AM A MEMBER OF NEITHER THE PROTESTANT OR ROMAN CATHOLIC COMMUNITY

**5. DO YOU SUFFER FROM ANY DISABILITY OR HEALTH PROBLEM WHICH IS RELEVANT TO YOUR APPLICATION?**

YES NO



NATURE OF DISABILITY

WHAT ADJUSTMENTS, IF ANY, ARE REQUIRED?

**6. ETHNIC ORIGIN**

BLACK AFRICAN BANGLADESHI BLACK CARIBBEAN







CHINESE INDIAN  IRISH TRAVELLER





PAKISTANI  WHITE MIXED ETHNIC GROUP OTHER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_





