Reference: Ser/YSS/08/17

 

**CONFIDENTIAL**

**EMPLOYMENT APPLICATION**

***Information for Candidate – Please read before completing the application form***

* *Please complete all the sections of the form, either writing in block capitals, or in typescript*
* *Applicants must ensure that all information is provided within this form. Supplementary material, such as CVs, will not be accepted.*
* *You should use this form to highlight relevant and appropriate experience, in accordance with the essential and desirable criteria outlined in the Role Profile.*
* *Please return the completed application form in confidence to:* ***The HR Officer, Cancer Fund for Children, Curlew Pavilion, Portside Business Park, Airport Road West, Belfast, BT3 9ED*** *or by email to* ***ashleigh@cancerfundforchildren.com******.***
* *Please ensure that you return the Monitoring Form in a separate envelope.*
* *In order to be considered, a your completed application form must be returned* ***no later than 12 noon on Tuesday 15th August 2017.***

|  |
| --- |
| Position applied for : **Young Shoulders Specialists – (4 Year Fixed Term Contract)** |
|

**Your personal details**

|  |  |  |
| --- | --- | --- |
| Name |  | Do you require a work permit to work in the UK? |
| Address   |   | Telephone *(please highlight preferred contact number)* |
| Home: |  |  |
| Business: |  |  |
| Post code |  | Mobile: |  |  |
| E-mail address |  |

**Your present employment**

|  |  |  |  |
| --- | --- | --- | --- |
| Occupation & Employer | Position held | Main duties and responsibilities | Dates |
|  |  |  |  |
| Current salary & benefits |
|  |

**Your previous employment & experience**

*Start with the job before your current job and work backwards*

|  |  |  |  |
| --- | --- | --- | --- |
| Occupation & Employer | Position held | Main duties and responsibilities | Dates and reasons for leaving |
|  |  |  |  |

**Your education**

|  |  |  |  |
| --- | --- | --- | --- |
| Education(Required to third level education) | Finish Date | Examinations taken | Qualifications |
|  |  |  |  |

**Other training, skills and competencies**

*The section refers to additional training courses attended, CPD, Membership of Professional bodies, IT skills, language skills etc.*

|  |  |
| --- | --- |
| Training / Activity and Skills Acquired | Date acquired (where relevant) |
|  |  |

**Role Relevant Experience**

In the following section, you are asked to provide 4 separate work based examples that clearly demonstrate how you meet the experience / knowledge criteria for the role. Please ensure that this section is completed fully and thoroughly to aid shortlisting.

Shortlisting will be carried out against Qualifications, the criteria relating to relevant Experience / Knowledge, and the criteria relating to Job Circumstances, as detailed in the Person Specification. Competencies will be tested at interview.

You must clearly demonstrate within the examples, how you meet ALL the essential criteria and the desirable criteria where relevant.

**Work Based Example 1**

|  |  |
| --- | --- |
|  |  |
|  |

**Work Based Example 2**

|  |  |
| --- | --- |
|  |  |
|  |

**Work Based Example 3**

|  |  |
| --- | --- |
|  |  |
|  |

**Work Based Example 4**

|  |  |
| --- | --- |
|  |  |
|  |

**Other Supporting Information**

|  |
| --- |
| Please give details of any other information or activities relevant to the role |
| Please tell us why you want this position, and what you could bring to the role to add value to the organisation |

**Additional Information**

|  |
| --- |
| Do you hold a full UK driving licence? Yes / NoDo you have access to your own transport? Yes / No |
| Do you have any disabilities or a health condition that we should be made aware of in order to make suitable adjustments during the recruitment and selection process? If so please inform us below. Yes / No*(The Disability Discrimination Act defines disability as “A physical or mental impairment which* *has a substantial and long-term effect on the person’s ability to carry out normal day-to-day activities”)* |
| *Please note: Shortlisted applicants will be asked to complete a confidential disclosure form regarding any unspent criminal convictions, in line with the Rehabilitation of Offenders NI Order (1978).*  |

**References**

*Specify at least two references, one of which should be work related (preferably your present employer.) If we can check your references before an offer of employment is made please tick the box in the right hand column.*

|  |  |
| --- | --- |
| Name & occupation, address and contact number. | Permission to contact. |
| 1. | Yes / No |
| 2. | Yes / No |

**Declaration**

|  |
| --- |
| The information that you provide on this form and that obtained from other relevant sources will be used to process your application for employment. The personal information that you provide will be used in confidence to help monitor the recruitment process.If you take up a position, the information provided will be used in the administration of your employment with Cancer Fund for Children. If there is a complaint or legal challenge relevant to this recruitment process, the information collected may be checked with third parties or against other information held by Cancer Fund for Children. Cancer Fund for Children may also use or pass to certain third parties information to prevent or detect crime, to protect public funds, or in other ways as permitted by law.By signing the application form you agree to the processing of personal data, (as described above), in accordance with Cancer Fund for Children registration with the Data Protection Commissioner.**I declare that the information I have given in this application is complete, accurate and true. I understand that providing misleading or false information will disqualify me from appointment OR, if appointed, may result in my dismissal.****Signed Date** |

**EQUAL OPPORTUNITIES MONITORING FORM**

|  |  |
| --- | --- |
| All candidates should complete this section. The information will be used for the purposes of monitoring the Equal Opportunities policy. Access to this information is strictly controlled and is not available to anyone involved in the selection process, including the selection panel | For Office use only:Ref No: \_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ |

Please tick boxes as appropriate

**Age**

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

**Gender**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Male |  |  |  | Female |  |  |

**Marital Status**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you married? | Yes |  | No |  |

**Community Background**

|  |  |
| --- | --- |
| I am a member of the Protestant Community |  |

|  |  |
| --- | --- |
| I am a member of the Roman Catholic Community |  |

|  |  |
| --- | --- |
| I am neither a member of the Protestant or Roman Catholic Community |  |

**Ethnic Origin**

To which of these groups do you belong?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| White |  |  |  | Indian |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Black Caribbean |  |  |  | Pakistani |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Black African |  |  |  | Bangladeshi |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Chinese |  |  |  | Irish Traveller |  |  |

Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Disability**

The Disability Discrimination Act 1995 defines disability as a ‘physical or mental impairment, which has substantial and long-term effect on a person’s ability to carry out normal day to day activities’.

In these terms do you consider yourself to be disabled?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Yes |  |  |  | No |  |  |

***PLACE THIS FORM IN A SEPARATE ENVELOPE MARKED FOR THE ATTENTION OF THE ‘MONITORING’ OFFICER***