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| **Reference Number:**  SW1-18-15 | **Title of Post:**  Female Support Worker 1 | **Location of Post:**  Supported Living |

**PERSONAL DETAILS**

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| --- | --- |
| Surname: | Title: |
| First Names (in full): | Previous Surnames: |
| Address:    Post Code: | Telephone No (including std code):    Mobile Telephone No:    E-mail Address:    National Insurance Number: |

**DRIVING LICENCE**

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| Do you hold a full Driving Licence which allows you to drive in NI?    Yes  No  Do you have access to a car **OR** in respect of applicants with a disability who cannot hold a licence consideration will be given to alternative travelling proposals? **Please give details:** |

**ELIGIBILITY TO WORK IN THE UK**

Do you require a permit to work in the EU? Yes  No

If yes, please give details.

**REFEREES**

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| --- | --- |
| Please provide details of two referees who can provide information relating to your competency in a caring role, **one of whom must be your present or most recent employer** (referees for qualified Nurses must be professionals). If you are a student, please give an academic referee. If you are applying for a post which requires access to vulnerable adults, the company reserves the right to approach any past employer for a reference. | |
| Name:    Occupation:    Address:    Post Code:    Telephone Number:    Email: | Name:    Occupation:    Address:    Post Code:    Telephone Number:    Email: |

**CURRENT PROFESSIONAL REGISTRATIONS**

**Detail University Degrees and/or Professional Qualifications.**

**NISSC Registration No:**

**(If applicable)**

##### EMPLOYMENT HISTORY

**PRESENT POST (If unemployed – most recent post)**

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| --- | --- | --- |
| Name and address of present employer    Address:        Post Code: | Date appointed  (DD/MM/YY)  Contracted Hours: | Present salary per annum  £  Please detail other elements of remuneration package |
| Job Title and Grade  Reporting Relationship | |
| Department / Work Location | |
| Period of Notice Required | |
| Please give reason for leaving. Also indicate leaving date (if applicable): | | |
| Main Duties | | |

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| PREVIOUS EXPERIENCE Please give details of all previous posts held, **beginning with the most recent**. If you have held more than one position with an employer please give details of each position. (Please attach additional pages as required) | | | | | |
| Employer’s name and address | Job Title and Grade | Duties (briefly) | From | To | Reason for Leaving |
| DD/MM/YY | DD/MM/YY |
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## GAPS IN EMPLOYMENT

If there are any gaps in your employment please explain further below;

**DEMONSTRATING YOUR ESSENTIAL EXPERIENCE**

**The following sections ask you to outline how you meet the essential experience and desirable criteria specified in the Personnel Specification. Applicants must clearly demonstrate experience giving examples and provide full details of any relevant qualifications with the grade /level obtained. If you fail to deal with each experience criterion in the personnel specification the selection panel will find it difficult to assess your application form and may be unable to invite you to interview. The selection panel will not make assumptions as to the skills, knowledge and experience you may have gained.**

**Essential Criteria**

**Circumstances: - Flexibility as the role involves 24-hour cover on a rota basis including evenings, night duty, weekends and Bank Holidays as required. Possess a full current driving licence for a minimum of two years and undertake driving duties as and when required.** Please provide detailed information demonstrating how you meet this criterion (200 words maximum)

**Essential Criteria**

**Skills/Knowledge: - Ability to work in a team. Effective communication. Ability to work on own initiative.** Please provide detailed information demonstrating how you meet this criterion (400 words maximum)

**Desirable Criteria**

**Qualification/Experience: -** **GCSE in English/Maths or equivalent. Paid/volunteer experience in a care setting.** Please provide detailed information demonstrating how you meet this criterion (200 words maximum)

**Desirable Criteria**

**Skills/Knowledge: -** **Good ICT skills. Care planning.** Please provide detailed information demonstrating how you meet this criterion (200 words maximum)

**HOLIDAY ARRANGEMENTS**

Please indicate planned holiday arrangements or other dates when you are unavailable for interview.

**The Croft Community is under no obligation to take account of holiday arrangements but will endeavour to do so.**

**ADVERTISING**

Please indicate how you became aware of this vacancy:

|  |  |
| --- | --- |
| **Belfast Telegraph** | **Community NI** |
| **NI Jobs** | **Job Centre** |
| **Croft Website** | **Bangor Spectator** |
| **Other (Please Specify)** | **Internal** |

**PERSONAL DECLARATION**

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| --- |
| I declare that to the best of my knowledge the information given is honest and accurate. I understand that any wilful misstatement or mission renders me liable to disqualification or, if appointed, to dismissal.    I understand that the appointment is subject to receipt of satisfactory reference, the verification of qualifications required for the post (as per the personnel specification) and relevant disclosure check. Please be advised that The Croft Community adheres to the Access NI Code of Practice and has a policy on the recruitment of ex-offenders, copies of which are available upon request from the HR Department.    I hereby give consent for the information on this form to be collected, stored and processed in accordance with the provisions of the Data Protection Act 1998.  **Signature:­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**NOTE TO APPLICANTS:**

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| * **Application forms must be completed in full.** * **CV’s will not be accepted.** * **Application forms received after the deadline date and time will not be accepted.** * **Please return the Equal Opportunities Monitoring Form with your application.** |

**Completed application forms should be returned by the closing date to:**

**Administrator**

**The Croft Community**

**71 Bloomfield Road**

**Bangor**

**BT20 4UR**

**PLEASE BE ADVISED THAT THIS PAGE SHALL NOT BE MADE AVAILABLE TO THE SHORTLISTING PANEL – FAILURE TO COMPLETE THIS SECTION WILL RENDER YOUR APPLICATION INVALID.**

**MEDICAL HISTORY**

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| Please provide details and approximate dates of **all periods** of sickness during the **past 2 years**.  *(Please continue on separate sheet if necessary)* |

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| **Dates of Sickness** | **No. of days** | **Reason for Sickness** |
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**HEALTH DETAILS**

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| If the answer is yes to any of the questions in this section, please give full details in the space provided of the dates, duration and outcome of the illness or condition. If we have any concerns about your fitness for work employment will be subject to satisfactory medical reports. | | |
| **Have you ever had:** | **\* delete as applicable** | **Additional Information to “Yes” response** |
| Tuberculosis, asthma, bronchitis or chest problems? | \*Yes/No |  |
| Chest pain, heart condition or raised blood pressure? | \*Yes/No |  |
| Blackouts, fits or attacks of giddiness? | \*Yes/No |  |
| Depression, mental illness or nervous breakdown? | \*Yes/No |  |
| Rheumatism or arthritis? | \*Yes/No |  |
| Back trouble? | \*Yes/No |  |
| Typhoid, paratyphoid or other gland trouble? | \*Yes/No |  |
| Digestive or bowel disease? | \*Yes/No |  |
| Diabetes, thyroid or other gland trouble? | \*Yes/No |  |
| Bladder or kidney trouble? | \*Yes/No |  |
| Dermatitis or skin trouble? | \*Yes/No |  |
| Varicose veins? | \*Yes/No |  |
| Any other accident, operation or illness? | \*Yes/No |  |
| Have you any reason to believe you may be infected with any communicable disease? | \*Yes/No |  |
| Any illness or medical condition that prevented you from attending work on your normal duties or activities for more than one week during the past year? | \*Yes/No |  |
| Any physical impairments, including defect of sight or hearing? If yes, please specify any special needs in relation to your disability. | \*Yes/No |  |
| Do you smoke? | \*Yes/No |  |
| How many units of alcohol do you drink per week? | (one unit = ½ pint beer = 1 glass wine = 1 single whisky) | |

**EQUAL OPPORTUNITIES MONITORING FORM**

**Reference No: SW1-18-13**

The Croft Community is an Equal Opportunities Employer. We do not discriminate against our job applicants or employees and we aim to select the best person for the job. All recruitment decisions will be made objectively.

We monitor the community background of our job applicants and employees in order to demonstrate our commitment to promoting equality of opportunity in employment and to comply with our duties under the Fair Employment and Treatment (NI) Order 1998. Your answers will be used by us to prepare a monitoring return to the Equality Commission, but your identity will be kept anonymous. In all other regards your answers will be treated in the strictest confidence.

**1. COMMUNITY BACKGROUND:**

Regardless of whether they actually practice a particular religion, most people in Northern Ireland are perceived to be members of either the Protestant or Roman Catholic communities.

**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, we will use the residuary method, 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.

***Note: If you answer question 1 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 this question.***

**---------------------------------------------------------**

**In order to ensure The Croft Community is complying with other equal opportunity legislation, we would be grateful if you could also complete questions 2 – 5.**

**2. GENDER:**

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

**Male**:  Female: 

**3. AGE:**

**Please state your date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4. RACE:**

The Race Relations (Northern Ireland) Order 1997 makes it unlawful to discriminate in employment on grounds of colour, race, nationality or ethnic or national origins. Inspire monitors its workforce in line with recommended good practice. Please tick the appropriate box:

White  Black African origin  Pakistani origin

Black Caribbean origin  Bangladeshi origin  Mixed ethnic group

Chinese origin  Indian origin  Irish Traveller Community

Other origin (please specify)

**5. DISABILITY:**

Under the Disability Discrimination Act 1995 a person is deemed to be a disabled person if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. Please note that it is the effect of the impairment without treatment which determines whether an individual meets this definition.

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

Yes  No

If you answered “yes”, please indicate the nature of your impairment below;

5.2 Do you require any arrangements to assist you if called for interview/interview exercise?

Yes  No

If yes, please state the arrangements which will be needed for you to attend.

5.3 Do you foresee that you might require reasonable adjustments to be made if you were appointed to the post?

Yes  No

please detail the reasonable adjustments you might expect?

Please note that in relation to a post where travelling is an essential job requirement, for applicants with a disability who cannot hold a driver’s licence, consideration will be given to alternative travelling proposals.