**D.A.D.S. (Dyslexia & Dyspraxia Support)**

**Application Form**

**Position Applied For: Project Support Worker**

**Please complete this form legibly and in black ink and return it on or before the closing date specified in this advertisement. Late applications will not be considered.**

**ONLY INFORMATION PROVIDED ON THIS APPLICATION FORM WILL BE CONSIDERED BY THE INTERVIEW PANEL AT THE SHORTLISTING STAGE.**

**Curriculum Vitae will not be accepted. Candidates must outline clearly how their qualifications and experience meet both the essential and desirable requirements.**

**All Information given will be treated with the strictest confidence. Continuation sheets may be added, if necessary.**

1. **PERSONAL DETAILS**

|  |  |
| --- | --- |
| **Title:** | **Address:** |
| **Forename:** |  |
| **Surname:** |  |
| **Contact Number:** | **Postcode:** |
| **Email:** | |

|  |  |  |
| --- | --- | --- |
| **Do you have the right to work in the UK?**  **Note:** DADS will require proof of this right before an offer of employment can be confirmed. E.g. Birth certificate and/or any other appropriate document required to confirm your right to work in the UK as required by the Asylum and the Immigration Act 1996 | **Yes** | **No** |
| The requirements of the post involve travelling to service user’s homes and any other journeys associated with the project. **Do you have the ability to travel to various locations as and when required?**  (Possession of a full driving licence and access to a car as a means to fulfil the travel requirements of the post) | **Yes** | **No** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **From** | **To** | **Examination Taken** | **Subject** | **Grades** |
|  |  |  |  |  |

1. **Education**
2. **FURTHER/HIGHER EDUCATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **From** | **To** | **Name of Institution**  **(State if Full or Part Time** | **Subjects take and Qualification Gained**  **(Specify Grades or Degree Class Obtained)** |
|  |  |  |  |

**4.EMPLOYMENT RECORD (Please list chronologically, starting with current or last employer)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name and Address of Employer and Nature of Business:** | **From:**  **To:** | **Job Title:**  **Job Function/Responsibilities:** | **Final Salary and Reason for Leaving** |
|  |  |  |  |

**(Use additional page if necessary)**

**5 TRAINING**

|  |
| --- |
| **Details of training courses attended, and awards achieved, including dates (if appropriate)** |
|  |

**6 SUPPORTING STATEMENT**

|  |
| --- |
| **Demonstrate your experience, skills, knowledge and achievements against the ESSENTIAL CRITERIA listed from the Person Specification included in this pack, giving examples and evidence where possible to support your application.**  **(You can attach extra A4 sheets as a word document)** |
|  |
| **Demonstrate your experience, skills knowledge and achievements against the Desirable Criteria listed from the Person Specification included in this pack, giving examples and evidence where possible to support your application.**  **(You can attach extra A4 sheets as a word document)** |
|  |

**7 DISABILITY DISCRIMINATION ACT 1995**

|  |
| --- |
| If you require any special arrangements to be made to assist you if called for an interview, please let us know in advance of the interview. |

**8 REFEREES**

**Please give the details of two referees, one of whom should be involved in your current or most recent post. Referees will not be contacted without your prior approval.**

|  |  |
| --- | --- |
| **Name:** | **Name:** |
| **Position:** | **Position:** |
| **Company:** | **Company:** |
| **Address:**  **Contact Number:** | **Address:**  **Contact Number:** |
| **Email:** | **Email:** |
| **Nature of Relationship:** | **Nature of Relationship:** |

**9 VERIFICATION OF INFORMATION**

|  |
| --- |
| I certify that all information which I have provided is correct. I understand that any false information given may result in a job offer being withdrawn.  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Please complete the separate monitoring form enclosed:

The successful applicant will be required to complete an Access NI disclosure.

D.A.D.S. (Dyslexia & Dyspraxia Support) complies with Access NI’s Code of Practice, available on request.

Please return application form to:

DADS

Unit 2, 80-82 Rainey Street

Magherafelt

BT45 5AJ

Closing Date: Friday 4th October at 12noon

Declaration and Consent

Please tick to confirm:

I have read the Terms and Conditions of Employment relating to the position. I declare that I have not canvassed in any way and the information contained in this form is true and accurate. I understand that canvassing and/or falsification of information could result in disqualification or dismissal.

I understand that this post is (or may be) exempt from the provisions of the Rehabilitation of Offenders (NI) Order 1978. In the event of my application being successful, I consent to a check of being made by Access NI, a single history disclosure body, to determine if there is any record of criminal convictions, pending prosecutions, cautions or bind-over orders against me.

I understand that the information on this form is required by D.A.D.S. for the purposes of

Processing my application. The information is covered by the provisions of the Data

Protection Act 1998. I understand that by completing this declaration I

am indicating my authorisation for D.A.D.S. to process and retain the information for the

purposes stated including approaching my current/most recent employer for a reference in compliance with current GDPR.

Please sign and date:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete and return this form together with Equal Opportunities Questionnaire by the (Closing Date)

**Equal Opportunities Monitoring Questionnaire**

|  |
| --- |
| **National Insurance Number (*Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |
| **Age:** *Please enter you date of birth: \_*\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ (e.g. 05/08/1948) |
|  |
| **SEX:** I am – Male Female |
| **Community Background**  I am – A member of the Protestant Community A member of the Roman Catholic Community  Note a member of either the Protestant or the Roman Catholic Communities |
| **Religious Denomination**  Roman Catholic Church of Ireland Buddhist Jewish Muslim  Presbyterian Church Methodist Hindu Sikh  Other Christian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Religioin \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Disability**  I have – No Disability  I have – A physical Impairment , such as difficulty using arms or mobility requiring a wheelchair or crutches  I have – A sensory impairment, such as blind/visual impairment or deaf/hearing impairment  I have – A mental health condition, such as depression or schixophrenia  I have – A Learning disability, such as cancer, HIV, Diabetes, chronic heart disease or epilepsy  Other - (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Marital Status**  I am – Single Married Civil Partnership(Same Sex) Separated Divorced    Widowed Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Race, Colour or Ethnic/National Origins**  I am – White Chinese Irish Traveller Indian Pakistani Bangladeshi  Black African Black Caribbean Black other Black Ethnic Group  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Nationality –** Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Dependents/Caring Responsibilities**   |  |  |  |  | | --- | --- | --- | --- | | No dependents or caring reponsibilities |  | Child or Children |  | | Disabled person(s) |  | Older person (s) |  | |
| **Other:**  **Sexual Orientation – My sexual orientation is towards:**  **Persons of a different sex to me,** I am a heterosexual man or woman  **Persons of the same sex as me,** I am a gay man or lesbian  **Persons of both sexes,** I am a bisexual man or woman |
| **Advertising:**  Please name where you learned of this job: |