**FERMANAGH WOMEN’S AID**

**APPLICATION FORM**

* **Floating Support Worker / 37.5 hours per week**
* **12 Month Fixed Term Post commencing January 2025**
* **NJC Payscale Point 10 £23,620.00 Pro Rata for 37.5 Hours**

Note: Women’s Aid is a women only organisation and the recruitment of a female(s) for the post(s) falls within the exemption stated in Article 10 (2B and 2E) of Sex Discrimination (NI) Order 1976. Women’s Aid is a registered charity supporting Equal Opportunity Policies. We welcome applications from all areas of the community.

**INSTRUCTIONS FOR COMPLETION:**

* **You should submit this form only – supplementary material such as CV’s will not be considered as a substitute for completing this form.**
* **You should use this form to highlight how you meet the criteria outlined in the job description and person specification.**
* **Applications should be completed in BLACK INK and in BLOCK LETTERS.**
* **Please make sure you complete all sections of the application form.**
* **Short listing will be based solely on the information given on this form.**
* **Employment will be subject to pre-employment screening.**
* **Information you give will be treated as confidential and must be complete and correct.**
* **Please note we reserve the right to enhance the short-listing criteria where and when this is deemed necessary and we will retain a reserve list for the same or similar posts for 12 months.**
* **CLOSING DATE - MONDAY 9TH DECEMBER @ 12.00 NOON**
* **LATE APPLICATIONS WILL NOT BE CONSIDERED**

*Please complete and return to:-*

Fionnuala Donegan

Safe Hands Centre

19 Darling Street

Enniskillen

BT74 7DP

fionnuala@fermanaghwomensaid.com

*For official use only:*

Date application received:

**CONFIDENTIAL**

**APPLICATION FORM:**

**PERSONAL DETAILS:**

|  |
| --- |
| Surname: Preferred Title: |
| Forenames: |
| Home Address: |
| Telephone: Day: Evening: |
| Email Address: |
| National Insurance Number: |

If successful, when could you take up the appointment?

Are you eligible to work in the UK? YES NO

Please provide your workers registration number and expiry date (if applicable)

**INTERVIEW ARRANGEMENTS:**

Please outline below any additional requirements that you may have to assist you in your application for the job and the recruitment process. Please also note if there are any dates you will not be available for interview.

If you consider yourself to have or have had a disability that is relevant to the position for which you are applying please provide any relevant information about your requirements so that we can process your application fairly and make any reasonable arrangements/adjustments for your attendance at interview if shortlisted.

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**EDUCATION & TRAINING:**

Please provide, in chronological order, details and results of any relevant qualifications gained, including apprenticeships, further and higher education and professional qualifications.

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| **Level e.g. GCSE, Degree** | **Title / Subject** | **Grade Attained** |
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Continue on separate sheet if necessary:

**Note:** candidates attending for interview must be able to produce evidence, if required, of examination success, professional qualifications, etc in the form of original certificates. These documents must **not** be forwarded with this application form.

**EMPLOYMENT/WORK EXPERIENCE HISTORY:**

**(Please note here all of your previous employment and unpaid relevant work experience)**

History of all previous employment/work experience, starting with most recent.

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| --- | --- | --- | --- | --- |
| **Dates From – To (*include month and year)*** | **Employer’s Name and Address** | **Job title and responsibilities** | **No. of hours per week** | **Reason for leaving** |
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Continue on separate sheet if necessary:

**EVIDENCE OF RELEVANT KNOWLEDGE, UNDERSTANDING, SKILLS & APTITUDES:**

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| **By using examples, please clearly demonstrate how you meet the essential, and if applicable,desirable criteria outlined in the job description:** |
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Continue on separate sheet if necessary:

**DRIVING LICENCE:**

Do you hold a full current UK Driving Licence? YES NO

Do you have a car to enable you to work in

various locations, if necessary? YES NO

**CRIMINAL CONVICTIONS:**

Have you ever been convicted of a criminal offence?

Subject to relevant declaration requirements. YES NO

If the answer is ‘Yes’ please give details:

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**REFERENCES:**

Please give details of two people whom we may contact for a reference. It is our policy to acquire both verbal and written references so please provide a postal address, telephone number and email address if available. References will be taken up immediately following acceptance of offer unless you specify otherwise. One referee should have knowledge of you in a working environment, either paid or unpaid, and should be your current/last employer. Employment is subject to pre-employment screening.

We cannot accept references from relatives. If you are a recent school/college leaver please give appropriate school/college referees. Prior consent of referees should be obtained.

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| **Name** | **Address** | **Telephone** | **Occupation of referee**  ***State if employment was paid or unpaid*** |
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**DECLARATION:**

*I certify that all the particulars given are correct and understand that should any false statement/omission be made on this form Fermanagh Women’s Aid reserves the right of summary dismissal. I understand that employment with Women’s Aid in Fermanagh is subject to receipt of satisfactory references and pre-employment screening checks.*

**Signature of applicant: Date:**

**APPENDIX 1 – DECLARATION:**

###### Medical Declaration

1. **Give details of any illness, operation or accident resulting in an absence from work, paid or unpaid. Please include details of recurring illness or medical problems for which you might be receiving attention or medication.**

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**Do you suffer from any medical condition or disability which:**

1. **May prevent your regular attendance at work, or your ability to give effective service over a period of up to 1 year?**

YES NO

**If yes, please give details:**

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1. **May have a health & safety implication for carrying out the job for which you are being considered e.g. Fits, fainting attacks, blackouts or epilepsy?**

YES NO

**If yes, please give details:**

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1. **Have you been retired from employment on medical grounds?**

YES NO

**If yes, please give details:**

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1. **Do you suffer from any medical condition or disability which you would like the employer to take into account when considering your application?**

YES NO

**If yes, please give details:**

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**Fermanagh Women’s Aid requires that if you have experienced Domestic Violence that a minimum of 2 years has passed since the last occurrence and that all relevant issues have been dealt with.** Please Comment:

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**NB. This declaration should be returned with the application form and will not be accessible to the assessment panel.**

**FERMANAGH WOMEN’S AID**

**MONITORING FORM**

We are an Equal Opportunities Employer. We do not discriminate on grounds of religious belief or political opinion. We practice equality of opportunity in employment and select the best person for the job. To demonstrate our commitment to equality of opportunity we need to monitor the community background of our applicants and employees, as required by the Fair Employment and treatment (NI) Order 1988. Regardless of the number of times you have completed a questionnaire as a previous applicant, an equal opportunities questionnaire must be completed, in, full, with each application.

**TICK BOXES AS APPROPRIATE**

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| **1.** | **GENDER** | | | | | | **FEMALE** | | | | | |
| **2.** | **DATE OF BIRTH** | | | | | |  | | | | | |
| **3.** | **DISABILITY (Please tick)** | | | | | | | | | | | |
| **Do you consider yourself to have a disability?** | | | | | | | **YES** | |  | **NO** | |  |
| **If YES, please indicate the nature of your disability by ticking the appropriate box (es)** | | | | | | | | | | | | |
| Mobility | | | |  | Hearing | | | | | |  | |
| Speech | | | |  | Dexterity / Co-ordination | | | | | |  | |
| Psychiatric / Mental | | | |  | Learning | | | | | |  | |
| Vision | | | |  | Other (please specify below) | | | | | |  | |
| **Other :** | | | | | | | | | | | | |
| Do any of the disabilities or conditions listed have a substantial and long-term adverse effect on your ability to carry out normal day-to-day activities? | | | | | | | **YES** | |  | **NO** | |  |
| **4.** | **RACE / ETHNIC ORIGIN** | | | | | | | | | | | |
| **Which of the following groups do you consider you belong to?** | | | | | | | | | | | | |
| White | |  | Indian | | |  | | Pakistani | | | |  |
| Chinese | |  | Black African | | |  | | Bangladeshi | | | |  |
| Irish Traveller | |  | Black Caribbean | | |  | | Mixed Ethnic | | | |  |
| Other (please specify) | |  | **Other :** | | | | | | | | | |
| **5.** | **FAIR EMPLOYMENT MONITORING INFORMATION (Please Tick)** | | | | | | | | | | | |
| **I belong to the Protestant Community** | | | | | | | | | |  | | |
| **I belong to the Roman Catholic Community** | | | | | | | | | |  | | |
| **I belong to neither the Protestant nor the Roman Catholic Community** | | | | | | | | | |  | | |

**NB. This questionnaire should be returned with the application form and will not be accessible to the assessment panel.**

**THANK YOU FOR YOUR CO-OPERATION.**