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**APPLICATION FOR APPOINTMENT OF**

 **Support Worker for Invisible to Visible Project**

**This form must be completed in full by all applicants and emailed along with a current CV to:**

 **info@invisibletraffick.org**

**Deadline: Friday 17th January @ 11:59pm**

**Application Forms and CVs received after the above time and date will not be considered.**

**Applications will only be accepted by email.**

**INVISIBLE TRAFFICK IS AN EQUAL OPPORTUNITIES EMPLOYER AND WELCOMES APPLICATIONS FROM ALL SECTIONS OF THE COMMUNITY**

**Having read the job description, please give details of your previous experience, which you believe is relevant to this post together with any other relevant information in support of your application:**

continue on separate sheet if necessary

**Give details of any relevant skills, expertise and abilities gained through voluntary work.**

continue on separate sheet if necessary

**Give details of training, which may have relevance to this position.**

continue on separate sheet if necessary

**Please give details of any convictions or cases pending against you for any criminal offences, which are not regarded as “spent” convictions under the Rehabilitation of Offenders (NI) Order 1978. (Include nature of offence and sentence)**

**Is there any reason why you cannot work with young people / vulnerable adults?**

Yes/No (please delete as appropriate)

**Do you hold a full current driving licence?**

Yes/No (please delete as appropriate)

**Please give the names, addresses and occupations of two persons not related to you, to whom reference may be made. One of the Referees must be a previous employer (if any) and both should be able to comment on your ability to carry out the particular tasks of the job.**

**Previous Employer** (if any)

Name …………………………… Name ……………………………

Address ………………………… Address …………………………

………………………………….. …………………………………..

………………………………….. …………………………………..

Post code ……………………….. Post code ………………………..

Occupation/Title ………………… Occupation/Title …………………

I certify that the above information is correct and understand that any false or misleading information, if proved, may result in no further action taken on this application, or, if appointed, dismissal.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Applicant Date**

**For administrative use only**

Date received……………………………………..

Time received …………………………..

Received by …………………………….

**INVISIBLE TRAFFICK**

**EQUAL OPPORTUNITIES MONITORING FORM - CONFIDENTIAL**

|  |
| --- |
| **Monitoring Reference Number REF NUMBER :**  |
| We wish to assure applicants and employees that the monitoring data they provide will be used to promote equality of opportunity for all applicants and employees regardless of their background. |
| **Ethnic Group:** |
| Please indicate which Ethnic Group you belong to: |
|  |
| Bangladeshi | [ ]  |  | Indian | [ ]  |  |
|  |  |  |  |  |  |
| Black African | [ ]  |  | Irish Traveller | [ ]  |  |
|  |  |  |  |  |  |
| Black Caribbean | [ ]  |  | Pakistani | [ ]  |  |
|  |  |  |  |  |
| Black Other | [ ]  |  | Caucasian/White | [ ]  |  |
|  |  |  |  |  |
| Chinese | [ ]  |  Any other ethnic group: |       |  |
|  |  |  |  |  |
| My Nationality is: |       |  |
|  |  |
| In asking this question, we want to assure applicants that the information provided will only be used to promote equality of opportunity for applicants and employees in the basis of their Nationality. |
|  |  |
| **Sexual Orientation:** |  |
|  |  |
| My sexual orientation is towards someone: |
| Of the same sex | **[ ]**  | A different sex  | [ ]  |  |
|  |  |  |
| Both | **[ ]**  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Disability:** |
| Under the Disability Discrimination Act 1995 a person is considered to have a disability if he/she has a physical or mental impairment which has a substantial and long-term adverse effect on his/her ability to carry out normal day to day activities. Please note that it is the effect of the impairment, without treatment, which determines if an individual meets this definition of disability. |
| Do you consider that you meet this definition of disability? |
| Yes | **[ ]**  |  | No | **[ ]**  |  |
|  |
| If yes, please state the type of disability: |
| Mental Health Disability | **[ ]**  |  |
|  |
| Learning Disability | **[ ]**  |  |
|  |
| Physical Disability | **[ ]**  |  |
|  |
| Are there reasonable adjustments that we could make as part of our recruitment process that would enable you to enjoy equality of opportunity in getting a job/working with us? |
| Please specify:      |
| **Marital Status / Family Status:** |
|  |
| Are you married? |
| Yes | **[ ]**  |  | No | **[ ]**  |  |
|  |
| **Those With and Without Dependants:** |
| **Do you have:** |
|  |
| Children |  |
|  |
| If YES, are they at school |  |
|  |
| Other relations, for whom you have significant caring responsibilities |  |
|  |  |
| Other caring responsibilities |  |
|  |  |
| Please specify: |  |  |
|  |  |
| No caring responsibilities |  |
|  |  |
|  |
| **Community Background:** |
| Regardless of whether we practice religion most of us in Northern Ireland are seen as either Catholic or Protestant. 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 a member of neither the Protestant nor Roman Catholic community | [ ]  |  |
|  |  |  |
| Please indicate your sex by ticking the appropriate box |  |  |
|  |
| Male | [ ]  |  | Female | [ ]  |  |
|  |
|  |
| **Age:** |
|  |
| Please provide your date of birth or tick the Age band to which you belong: |
|  |
| DOB: |       |  |
|  |
| **Age Band:** |
| **Under 18** | **[ ]**  |  | **41 - 50** | **[ ]**  |  |
|  |
| **18 - 30** | **[ ]**  |  | **51 - 60** | **[ ]**  |  |
|  |
| **31 – 40** | **[ ]**  |  | **61 and over** | **[ ]**  |  |
|  |