**APPLICATION FORM**

*Please complete this form using capital letters and black ink only, and return it to:*

**Mrs Susan Harrison, Jethro Centre, 6 Flush Place, Lurgan, BT66 7DT.**

**CLOSING DATE FOR RECEIPT OF APPLICATIONS IS: Friday 14th February 2025 at 4PM. Interviews likely to take place on 24 and 28 February 2025.**

|  |
| --- |
| **Position applied for: REGISTERED DAY CARE MANAGER – PALMS DAY CARE** |

**PERSONAL DETAILS**

|  |  |  |
| --- | --- | --- |
| **Title** | **Surname** | **Forename(s)** |
| **Address**  **Postcode** |  |  |
| **Telephone numbers:**  work  *(only if we may telephone you there)*  mobile  **Email:** | | |
| Are there any restrictions on your continued residence or employment in the UK?  YES NO If yes, please give details: | | |
| What period of notice are you required to give to your present employer? | | |
| *Only complete the next 3 questions if these are a requirement of the job for which you are applying, otherwise continue overleaf. (not required for this post)* | | |
| Do you have a current driving licence? YES NO  Do you have your own vehicle? YES NO  Do you have an HGV licence? YES NO | | |
| Where did you hear about this vacancy? | | |

**EMPLOYMENT RECORD**

|  |
| --- |
|  |
| **PREVIOUS EMPLOYMENT**  *(please start with the most recent and work backwards, continuing on a separate sheet if necessary)* |
|  |
|  |
|  |

**EDUCATION** *Please indicate all qualifications, starting with the most recent*

|  |  |
| --- | --- |
| **Type of school (eg secondary/grammar)**  **/college/university** | **Qualifications gained/**  **subjects and grades** |
|  |  |

**TRAINING/PROFESSIONAL QUALIFICATIONS**

|  |  |
| --- | --- |
| **Course** | **Brief details** |
|  |  |

| **REASON FOR APPLYING**  **Why do you consider you are a suitable candidate for this position and what motivated you to apply? Include in this section details of how you meet each of the essential criteria laid out in the attached person specification, giving specific examples where appropriate. *(continue on a separate sheet if necessary)*** |
| --- |

ACHIEVEMENTS

|  |
| --- |
|  |

|  |
| --- |
| I confirm that to the best of my knowledge and belief the information I have given in support of my application is correct, and understand that any misleading statement or deliberate omission may result in my dismissal and a claim for damages.  I hereby consent to the processing of sensitive personal data, as defined in the Data Protection Act 1998, involved in the consideration of this application.  **SIGNATURE DATE**  **Thank you for applying.** |

**COMPLETED APPLICATION FORMS WILL BE ACCEPTED ELECTRONICALLY SUBJECT TO SIGNING BEFORE INTERVIEW**

*This page will be detached from your application prior to it being considered as it contains information that is strictly private and confidential.*

|  |
| --- |
| **NAME:** |
| **PALMS REGISTERED MANAGER** |

**REFERENCES**

*Please give the names and contact details of two referees whom we can contact to provide information in support of your application. One of these should be your current manager: if you are not in employment, please supply the name of your most recent employer or an academic reference (eg tutor or teacher). Please indicate below whether references may be taken up prior to an offer of employment being made and accepted and ensure that your referees are aware of this application.*

|  |  |
| --- | --- |
| **Current/last employment** | **Previous employment** |
| Name  Postcode:  Telephone  Email  Position held in relation to you (*eg line manager)* | Name  Postcode:  Telephone  Email  Telephone Position held in relation to you |
| Referee can be contacted prior to offer being made? YES/NO | Referee can be contacted prior to offer being made? YES/NO |

**REHABILITATION OF OFFENDERS (NORTHERN IRELAND) ORDER 1978**

|  |
| --- |
| *Applications from ex-offenders are welcomed and will be considered on their merit. Convictions that are irrelevant to this job will not be taken into account. You are required to disclose any convictions, which are not 'spent' by virtue of the Rehabilitation of Offenders (Northern Ireland) Order 1978.*  Have you been convicted of a criminal offence, which is not spent, as defined in the above Order?  YES NO  If yes, please give details of date(s), offence(s) and sentence(s) passed:  The Rehabilitation of Offenders Northern Ireland) Order 1978 does not apply to certain specified professions, nor does it apply to posts which involve contact with children, young people or vulnerable adults. In any of these cases you should state all past convictions, including any that are spent, giving details of date(s), offence(s) and sentence(s) passed:  If you are applying for a post which involves contact with either children or vulnerable adults, please also confirm that you are not listed on either of the following (as appropriate):  I confirm that I am not listed on the children's barred list.  OR  I confirm that I am not listed on the adults' barred list.  AND  I declare that I have no past convictions, cautions or bind-overs and no pending cases affecting why I might be considered unsuitable to work with children/vulnerable adults.  *The information you provide will be treated as strictly confidential and will be considered only in relation to the job for which you are applying.* |

**SPCA is An Equal Opportunities Employer and values diversity.**

**EQUAL OPPORTUNITIES MONITORING**

**[FAILURE TO RETURN WILL RESULT IN DISQUALIFICATION]**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | |  | |  | | | |  | | |  | | |  | | |  |  |
| **Please tick as appropriate:** | | | | | **Male** | | |  | |  | | **Female** | | | |  | |  | | |  |
|  |  |  |  |  |  | |  | | | |  | | |  | | |  | | |  |  |
| **National Insurance Number:** | | | | |  |  |  | |  | |  | |  | |  |  | |  |  | | |
|  | | | | | | | | | | | | | | | | | | | | | |

**This information will be used only for monitoring the effectiveness of the Kidz Patch’s equal opportunities policy and to comply with obligations under the requirements of the Fair Employment and Treatment (Northern Ireland) Order 1998. It will not play a part in the appointment process and will be treated in the strictest confidence.**

**COMMUNITY BACKGROUND**

Please tick the appropriate box:

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| I have a **Protestant** community background |  |  |  |
| I have a **Roman Catholic** community background |  |  |  |
| I have neither a **Protestant** nor a **Roman Catholic** community background |  |  |  |
|  |  |  |  |

**MARITAL STATUS**

Please tick the appropriate box:

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Single |  |  |  |
| Married/Co-habiting/Civil Partnership |  |  |  |
| Widowed |  |  |  |
| Separated/Divorced |  |  |  |
|  |  |  |  |

**DEPENDANTS**

Do you have dependants?

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

**SEXUAL ORIENTATION**

My sexual orientation is towards someone:

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Of the same sex |  |  |  |
| A different sex |  |  |  |
| Both sexes |  |  |  |
| Prefer not to answer |  |  |  |
|  |  |  |  |

**PLEASE ALSO COMPLETE THE ADDITIONAL PAGE 8**

**ETHNIC ORIGIN**

**Bangladeshi  Pakistani **

**White Black African **

**Black Caribbean  Black Other **

**Chinese  Indian **

**Irish Traveller  Mixed Ethnic Group **

**Any other ethnic group:  Please identify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AGE:**

Under 24  25 – 34  35-44 

45-54  55-64  65 + 

**NATIONALITY**: **DATE OF BIRTH:**

**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 our normal day to day activities. Please note that it is the effect of the impairment, without**

**treatment, which determines if an individual meets the definition of disability.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Do you consider yourself to have a disability? | | | Yes | ⬜ | | No⬜ | |  |
| Please tick the category or categories which apply to you: | | | | | | | | |
| * Hearing impairment | ⬜ |  | | |  | |  | |
| * Visual impairment | ⬜ |  | | |  | |  | |
| * Speech impairment | ⬜ |  | | |  | |  | |
| * Mobility impairment | ⬜ |  | | |  | |  | |
| * Physical co-ordination difficulties | ⬜ |  | | |  | |  | |
| * Reduced physical capacity | ⬜ |  | | |  | |  | |
| * Severe disfigurement | ⬜ |  | | |  | |  | |
| * Learning difficulties | ⬜ |  | | |  | |  | |
| * Mental illness/mental health difficulty | ⬜ |  | | |  | |  | |