

## EMPLOYMENT APPLICATION FORM

**CONFIDENTIAL**

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| **Position**: Group Advocacy Leader  **Closing Date**: 30th January 2025  **Reference No**: GAL – 01/25 |

**PLEASE COMPLETE USING SIZE 12 ARIAL FONT**

#### SECTION 1: PERSONAL DETAILS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Surname |  | | Previous Surname |  |
| First Names (in full) |  | | | |
| Address |  | | | |
| Telephone Number(s) | Home |  | | |
| Mobile |  | | |
| Email Address |  | | | |

#### SECTION 2: REFERENCES

Please give the details of two people whom we can contact for references. At least one of the referees should be your present (or most recent) employer and at least one who has knowledge of you in a working environment (paid or unpaid).

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Address |  | | |
| Telephone Number |  | Email |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Address |  | | |
| Telephone Number |  | Email |  |

**SECTION 3: EMPLOYMENT**

**CURRENT**

|  |  |
| --- | --- |
| Current Employer  (include Name and Address) |  |
| Dates Employed (to / from) |  |
| Position Held |  |
| Annual Salary | £ |
| Period of Notice Required |  |
| Reason for leaving |  |
| Please give a BRIEF description of the main duties and responsibilities of your current position relevant to this post: | |

#### PREVIOUS EMPLOYMENT

(Please outline your employment history by listing in order all previous positions held within the last 5 years, including voluntary work, apprenticeships and periods of unemployment)

|  |  |
| --- | --- |
| Employer |  |
| Dates Employed (to / from) |  |
| Position Held |  |
| Reason for leaving |  |
| BRIEF outline of duties relevant to this post: | |

|  |  |
| --- | --- |
| Employer |  |
| Dates Employed (to / from) |  |
| Position Held |  |
| Reason for leaving |  |
| BRIEF outline of duties relevant to this post: | |

|  |  |
| --- | --- |
| Employer |  |
| Dates Employed (to / from) |  |
| Position Held |  |
| Reason for leaving |  |
| BRIEF outline of duties relevant to this post: | |

**SECTION 4: QUALIFICATIONS**

EDUCATIONAL (Please list third level or equivalent qualifications gained or to be taken.)

|  |  |  |  |
| --- | --- | --- | --- |
| Date  (Year) | Subject | Level | Grade Obtained  (if applicable) |
|  |  |  |  |

#### OTHER QUALIFICATIONS

|  |  |  |
| --- | --- | --- |
| Date  (Years) | Course | Qualification Obtained  (if applicable) |
|  |  |  |

|  |
| --- |
| Membership of professional institutions / associations (please provide membership number): |

**SECTION 5: CRITERIA**

Please ensure that you fully demonstrate in this section of your application how you meet essential and/or desirable criteria – please do not refer the recruitment panel to previous sections of your application.

CVs will not be accepted/considered.

Please note you can write **a maximum of 500 words** for each criterion.

**ESSENTIAL**

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| --- |
| Experience in supporting people with a learning disability, adopting a person-centred approach |
|  |

|  |
| --- |
| Experience in supporting the voice of underrepresented groups being heard |
|  |

|  |
| --- |
| Ability to communicate effectively, both oral and written |
|  |

|  |
| --- |
| Skilled in using IT packages |
|  |

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| --- |
| Ability to work as part of a team |
|  |

|  |
| --- |
| Ability to work on own initiative and able to meet deadlines |
|  |

|  |
| --- |
| Understanding of the ethos and values of ARC NI |
|  |

|  |
| --- |
| Full Driving License and access to a car |
|  |

#### SECTION 6: DECLARATION

**PRIVACY NOTICE**

*The data contained in this application form will only be used for the purpose of progressing this application for employment. The sensitive personal data on the attached monitoring form will only be used to comply with the requirement of statutory legislation.*

*ARC NI will not share any of the information provided in your application with any third parties for marketing purposes . The information you provide will be held securely by us and/or our data processors whether the information is in electronic or physical format.*

*We will use the contact details you provide to contact you to progress your application. We will use the other information you provide to assess your suitability for the role you have applied for. You do not have to provide what we ask for but it might affect your application if you don’t.*

*We do not collect more information than we need to fulfil our stated purposes and will not retain it for longer than is necessary.*

|  |  |
| --- | --- |
| Before signing your application please ensure that you have provided all the information you have been asked to provide as no additional information will be considered.  Candidates who deliberately provide false information on this form, or at any later stage in the selection procedure, or who withhold relevant facts will be liable to disqualification and, if appointed, dismissal.  Canvassing of any kind will lead to disqualification and, if appointed, dismissal.  In completing this form I authorise ARC to obtain references to support this application and accept and release ARC and referees from any liability caused by giving and receiving information.  I declare that the information given in this application form is correct to the best of my knowledge, and I understand that any offer of employment will be dependent on the completion of a probationary period and references being considered satisfactory.  ***If you are called for interview, you will be required to provide an original signature, as this application is electronic.*** | |
| Signature | Date |

Please return your completed application form by the closing date via email to: [stephen.walker@arcuk.org.uk](mailto:stephen.walker@arcuk.org.uk)

#### SECTION 8: EQUAL OPPORTUNITIES MONITORING

|  |
| --- |
| **Position**: Group Advocacy Leader  **Applicant Reference No**: GAL – 01/25 |

**A AGE:**

|  |  |
| --- | --- |
| What is your age? |  |

**B COMMUNITY BACKGROUND:** (Please tick one box only)

|  |  |
| --- | --- |
| I am a member of: | Choose an item. |

**C DEPENDANTS:** Do you provide care or support for any of the following? (Tick all the boxes that apply)

|  |  |  |
| --- | --- | --- |
|  | Your Child(ren) | |
|  | Another family member (please specify eg parent) |  |
|  | A non-family member (please specify e.g. neighbour) |  |
|  | No caring responsibilities | |

**D DISABILITY:**

### Under the Disability Discrimination Act a person is considered to have (or have had) a disability if he/she has (or has had) “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”.

|  |  |
| --- | --- |
| 1. If you consider yourself to have, or have had, a disability according to this definition, please check the box. |  |
| 1. If you have checked the box, please provide details about the nature of your disability. | |
| 1. Please provide any relevant information about the effects of your disability and any requirements you may have so that we can process your application fairly, make any specific arrangements for your interview, and make any necessary reasonable adjustments to assist you in completing the duties of this post if successful. | |

**E ETHNIC GROUP:** To which of these ethnic groups do you consider yourself to belong? (Please tick one box only)

Bangladeshi  Black African  Black Caribbean

Black Other  Chinese  Irish Traveller

Indian  Pakistani  White

Mix Ethnic Group  (please specify)

Other  (please specify)

**F GENDER:**

|  |  |
| --- | --- |
| What is your gender? |  |

**G MARITAL STATUS:** What is your marital status? (Tick the box that applies)

|  |  |  |  |
| --- | --- | --- | --- |
| Single |  | Married / Civil Partnership |  |
| Divorced |  |  | |

**H SEXUAL ORIENTATION:** (Please state)

|  |  |
| --- | --- |
| My sexual orientation is: |  |