Appendix 7.0



# **Employment Application Form**

Registered Charity No 100842

Job Title	
Office use: AccessNI Check required Yes/No	

<b>PERSONAL DETAILS</b> (Please complete using block capitals and black ink)			
Surname	Forename		
Address			
	Postcode		
Home Tel No	Mobile No		
Email Address			
CURRENT OR MOST RECE	NT EMPLOYER		
Name	Tel No		
Address			
	Postcode		
Job Title/Position held and br	ief outline of duties:		
Date Started	Date Left		
Reason for leaving (if applic	able)		

**PREVIOUS EMPLOYMENT** Please give details of employment (paid or unpaid) over the last 10 years.

Please give your most recent first

Name of employer & nature of business	Dates of employment From/To	Position Held	Reason For Leaving

**EDUCATION** Please give details of all qualifications obtained.

Please give your most recent first.

PROFESSIONAL	PROFESSIONAL QUALIFICATIONS (Held or working towards)				
1					

<b>SPECIALISED TRAINING OR COURSE ATTENDED</b> (Include dates and organising body – eg safeguarding, first aid, lifting and handling training)

**MEMBERSHIP OF PROFESSIONAL BODIES** Please give details of membership or any professional duties

Name of Professional Body	Level/type of membership	Registration Details (e.g. Part of Register)	Expiry Date

**SUPPORTING INFORMATION** Please tell us about your knowledge, experience and why you want to apply for this role. Also tell us about any specific access considerations which may be needed to allow you to carry out this role.

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**REFERENCES** Please give details of two referees; one must be your current or most recent Line Manager or school or college. References from family or friends are not acceptable.

REFERENCE 1	REFERENCE 2
Name	Name
Job Title	Job Title
Organisation	Organisation
Address	Address
Postcode	Postcode
Tel No	Tel No
Email address	Email address

#### **Declaration and Consent Form**

Please note this application form complies with the AccessNI 'Code of Practice', which can be found at: <u>https://www.nidirect.gov.uk/publications/accessni-code-practice</u>. Having a criminal record will not exclude you from being considered for a role within the Mae Murray Foundation. Please also see our 'AccessNI Policy Statement, AccessNI Security Policy, and our Access NI Policy Statement on the recruitment of Ex-Offenders, available in the Policies and Procedures Document on our website www.maemurrayfoundation.org or available in print form upon request.

We are committed to safeguarding children and adults at risk of harm and to ensuring equal opportunity for all applicants. Information about criminal convictions is requested to assist the selection process and will be taken into account only when the conviction is considered materially relevant to the position applied for. This application form will state the title of the position and what checks, if any, are appropriate. If you have any questions regarding whether or not the position you are applying for falls into 'regulated activity' or is eligible for an 'enhanced disclosure check', then please contact the Safeguarding officer:

Alix Crawford on 07900 278 780.

If you have applied for a position that is defined as Regulated Activity under the Safeguarding Vulnerable Groups (NI) Order 2007, as amended by the Protection of Freedoms Act 2012, then please note this post is not open to anyone who has been barred from work with children or vulnerable adults by the Disclosure and Barring Service and your application will therefore not be progressed.

#### OR

If you have applied for a position that is eligible for an Enhanced Disclosure Check under the Safeguarding Vulnerable Groups (NI) Order 2007, as amended by the Protection of Freedoms Act 2012 then please note it falls within the position of an 'excepted' position under The Rehabilitation of Offenders (Exceptions) Order (NI) 1979. This means that you must tell us about all offences and convictions, including those considered 'spent'.

If you have received a formal caution or are currently facing prosecution for a criminal offence you should also bring this to our attention given the "excepted" nature of the role. If you leave anything out it may affect your application.

This information will be verified through an AccessNI Enhanced Disclosure Check (EDC) if you are considered to be the preferred candidate and are being offered the position. The EDC will tell us about your criminal record history (and, if the post is regulated activity, if your name has been included on a Barred List). It is to make sure that individuals who are considered a risk to vulnerable adults and/or children are not appointed.

The information received will be treated confidentially and will be assessed alongside normal selection criteria to determine suitability for the position. A separate meeting will be held with you if clarification is required to discuss any issues around your disclosure before a final decision is reached. After the decision has been made the information will be destroyed.

Please complete the attached form and return it with your application. The form also asks you to give your written consent to the AccessNI Check and to agree to further enquiries being made relevant to the declaration, which will only be obtained if you are the preferred candidate. If you do not consent we will not accept your application.

Applicants can also submit a separate statement of disclosure if they wish. This may include details such as the particular circumstances around the conviction(s); how circumstances may have changed; and what has been learnt from the experience. Applicants can contact the Northern Ireland Association for the Care and Rehabilitation of Offenders (NIACRO) for more information.

### Declaration of Criminal Convictions, Cautions and Bind-Over Orders In confidence

1. Have you been barred from working with vul name placed on a Barred List?			ults and th )		•
(if yes please give details)					
<ol> <li>Do you have any prosecutions pending?</li> <li>(if yes please give details)</li> </ol>	YES	(	)	NO (	)
3. Have you ever been convicted at a court or o offence?			by the poli )		
(If yes, please list below details of all convictions, caution information as you can, including, if possible, the offence and the court which dealt with the matter)					

4. Declaration of Abuse Investigation(s) Have you ever been the subject of an Adult or Child Abuse investigation which alleged that you were the perpetrator of any adult or child abuse?

YES ( ) NO ( )

(If yes, please list full details below including the name of police unit or HSC Trust involved in the investigation. If possible please provide the approximate date/s)

**DECLARATIONS** - Please ensure you sign and date this declaration before returning your application form.

### **Data protection Declaration**

The Mae Murray Foundation values personal privacy and all information collected will be stored in line with our Data Protection Policy and Procedures. A copy is available upon request. This information will always be kept safe and secure. We will not share your information with any third party. You can view our full Privacy Policy by visiting our website: <u>www.maemurrayfoundation.org</u>.

We would like to correspond with you regarding upcoming events, ways to improve our services and training. We will correspond with you in a variety of ways such as: by post, telephone, email and SMS. If you agree to your information to be stored in line with data protection procedures and to being contacted this way, please sign below:

Signature

Print		
Name	Date	

## **Declaration and Consent**

I declare that the information I have given is complete and accurate. I understand that any false or omitted information may result in dismissal or other disciplinary action if I am appointed.I understand that I will be asked to complete an AccessNI Disclosure Certificate Application Form if I am considered to be the preferred candidate. I consent to the appropriate AccessNI check being made and I agree to enquiries relevant to this declaration.

\_\_\_\_\_

Signature:

Date:		

Print name:

Any surname previously known by: \_\_\_\_\_\_

# For office use only:

AccessNI check required	Yes/No		
Date Initiated/By whom			
Reference(s) received			
Interview required	Yes/No		
If yes, date:			
Application referred to Board f	or approval	Yes/No	Date
Application granted	Yes/No	Date	
Guidelines, Policies & Procedur	es Pack	Date issued	
Induction Training Required	Yes/No	Date planned	