**A blue bird logo with black text

Description automatically generated**

**POSITION APPLYING FOR:**

**SAIL Project Support Worker**

**PLEASE COMPLETE IN BLACK INK, TYPESCRIPT OR WORD PROCESSED - ALL APPLICATIONS SHOULD BE LEGIBLE AND WILL BE TREATED IN CONFIDENCE**

**ONLY APPLICATIONS CONTAINING ALL OF THE INFORMATION WHICH HAS BEEN SOUGHT WILL BE CONSIDERED**

**PLEASE RETURN COMPLETED FORMS BY: 12.00pm 14 March 2025**

**To:hello.autonomie@gmail.com or alternatively posted applications can be returned to: Chief Officer, Lilac House, 4 Sandhurst Road, Belfast BT7 1PW**

CVs will not be accepted \*\*

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Surname: |  | | | Title: Mr/Mrs/Miss/Ms | | | | | | |
|  |  | | | Other (please specify) | | | | | | |
| Forename(s): | |  | | Maiden Name  (if appropriate): | | Other Former Name(s): | | | | |
| Home Address: | | |  | Address for Correspondence (if different): | | | | | | |
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| Postcode: | | |  | Postcode: |  | | | | | |
| Home Telephone No.  (incl STD Code) | | | | Daytime Telephone No.  (incl STD Code) | | | | | | |
| Mobile Tel No: | | |  | National Insurance No. |  | |  |  |  |  |
| Email Address: | | | | | | | | | | |
| Do you hold a current full UK driving licence? Yes/No | | | | Do you have access to a form of transport?  Yes/No | | | | | | |
| Nationality: EC/Non-EC | | | | If Non-EC, please specify | | | | | | |
| Do you have the right to work in the UK? Yes / No  ***Note: the organisation will require proof of your right to work in the UK e.g. a passport showing that the holder is a citizen of the United Kingdom or a national of the EEA or Switzerland as required by the Immigration, Asylum and Nationality Act 2006.*** | | | | | | | | | | |
| **Are you currently NISCC Registered? – if yes, please provide registration details below.** | | | | | | | | | | |
| **Were you referred by an existing Autonomie Staff Member? Yes / No**  **If yes, please enter the employee’s name here: ­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_** | | | | | | | | | | |

**PLEASE PROVIDE DETAILS OF ANY RELEVANT QUALIFICATIONS**

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| Qualification(s) | Date to be taken |
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**TRAINING**

Details of Training Courses attended, and awards achieved, including dates if appropriate.

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| Details of Course | Organisation  who provided Training | Date Course Completed |
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**MEMBERSHIP OF PROFESSIONAL ORGANISATIONS**

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| --- | --- | --- | --- |
| Date Joined | Institute / Organisation | Grade of Membership (Where appropriate) | Membership Number |
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**EMPLOYMENT HISTORY – PRESENT OR MOST RECENT POST**

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| --- | --- | --- | --- | --- |
| Name and Address of present employer: | Title and grade of post: | | | |
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|  | Present Salary/Wage: | | | |
|  | £ | | | |
|  | Title/Level of Person you currently report to | | | |
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| Status: |  | | | |
| Permanent/Temporary/Fixed Term |  | | | |
| Department: | Date  appointed: | Day | Month | Year |
| Location: | Period of Notice required: | | | |
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| Present duties and responsibilities: | | |
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|  | *(please continue on separate sheet if necessary, clearly marking the question it is linked to)* |  |

**PREVIOUS POSTS (Beginning with most recent)**

**NB:** To assist consideration in your application, please give precise dates for each period of employment. This is particularly important when there are time considerations for shortlisting criteria based on experience/post qualification experience.

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| Name and Address of Employer | | | Grade/Position and Department/ Speciality | From  dd/ mm/ yy | To  dd/ mm/ yy | |
|  | | |  | \_\_\_/\_\_\_/\_\_\_\_ | \_\_\_/\_\_\_/\_\_\_\_ | |
|  | Duties (briefly) | | | | |  |
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| Reason for Leaving | |  | | | |  |
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| Name and Address of Employer | | | Grade/Position and Department/ Speciality | From  dd/ mm/ yy | To  dd/ mm/ yy | |
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|  | Duties (briefly) | | | | |  |
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| Reason for Leaving | |  | | | |  |
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| Name and Address of Employer | | | Grade/Position and Department/ Speciality | From  dd/ mm/ yy | To  dd/ mm/ yy | |
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|  | Duties (briefly) | | | | |  |
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| Name and Address of Employer | | | Grade/Position and Department/ Speciality | From  dd/ mm/ yy | To  dd/ mm/ yy | |
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|  | Duties (briefly) | | | | |  |
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| Reason for Leaving | |  | | | |  |
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| Name and Address of Employer | | | Grade/Position and Department/ Speciality | From  dd/ mm/ yy | To  dd/ mm/ yy | |
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|  | Duties (briefly) | | | | |  |
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| Please account for periods of time after you completed secondary education and between employment position that have not already been addressed in the application. | | | | | | |
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| Please detail any other information which may be relevant to your application |
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| *(please continue on separate sheet if necessary, clearly marking the question it is linked to)* |

**REFEREES**

Please name two referees, (not relatives) one MUST have knowledge of your present/most recent work and be in a supervisory/managerial capacity. Autonomie reserves the right to seek a reference from any previous employment.

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| --- | --- | --- | --- | --- | --- |
| Name: |  | | Name: |  | |
| Capacity in which known | | | Capacity in which known | | |
| Address: | |  | Address: | |  |
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|  | | |  | | |
| Postcode: | | | Postcode: | | |
| Email Address: | | | Email Address: | | |
| Daytime Telephone No.  (please indicate dialling code) | | | Daytime Telephone No.  (please indicate dialling code) | | |
| Contact only if appointment being offered subject to satisfactory reference, Access NI Enhanced check,.  (please tick) o | | | Contact only if appointment being offered subject to satisfactory reference, Access NI, Enhanced check  (please tick) o | | |

**SPECIAL REQUIREMENTS**

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|  | Do you require any special arrangements to be made to assist you if called for interview?  Please provide details: |  |
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**PERSONAL DECLARATION**

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| I hereby confirm that the information I have included in this application form is a true and accurate account. I understand that any false information given may result in a job offer being withdrawn. | | | | |
| Signature: |  | Date: |  |  |
| **Please ensure that you have completed all relevant parts of this application form.** | | | | |

**Declaration of Convictions Form**

We are committed 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 relevant to the position applied for.

You have applied for a position that is defined as Regulated Activity under the Safeguarding Vulnerable Groups (NI) Order 2007. It also falls within the definition 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 Access NI Enhanced Disclosure check if you are considered to be the preferred candidate and are being offered the position. The check will tell us if you have a criminal record or if your name has been included on the Children’s Barred List and/or Vulnerable Adults Barred List. It is to make sure that individuals who might be a risk to children and/or vulnerable adults are not appointed. Access NI has a Code of Practice which explains this in more detail a copy of this can be made available to you should you wish.

Having a criminal record will not necessarily debar you from this position, this will depend on the nature of the position, your offences or other information contained on the Disclosure Certificate or provided directly to us by the Police.

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 section below and return it with your application. The form also asks you to give your written consent to the Access NI check, 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**

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| **Do you have any prosecutions pending either in Northern Ireland or any other country?**  No  Yes  (if yes give please give details) |
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| **Have you ever been convicted at a court or**  **cautioned by the police for any offence either in Northern Ireland or any other country?**  No  Yes    If yes, please list below details of all convictions, cautions, or bind-over orders. Give as much information as you can, including, if possible, the offence, the approximate date of the court hearing and the court which dealt with the matter. |
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| **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 either in Northern Ireland or any other country?  No  Yes  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. |
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**Declaration and Consent**

I declare that the information I have given is complete and accurate. I understand that I will be asked to complete an Access NI Disclosure Certificate Application Form and where applicable a police check if I am a non-UK National if I am considered to be the preferred candidate and I consent to the Enhanced Disclosure Check being made, and I agree to inquiries relevant to this declaration.

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| --- |
| **Signature: Date:** |
| **Print name:** |
| **Any surname previously known by:** |
| **Position applied for:** |