

**Lourene House, 112-114 Donegall Street, Belfast BT1 2GX**

Tel: 028 90 315111

## February 2025

**SUPPORT WORKER**

# APPLICATION PACK

## *COMPLETING THE APPLICATION FOR EMPLOYMENT -GUIDANCE NOTES*

**Please read these notes carefully before completing your application form**

Please complete this application form using black ink/type. All sections of the form must be completed and be legible. Non-completion of any section may result in rejection of your application. Please do not attach any additional papers/CVs to the application. Please note any additional documentation (other than continuation sheets specified) will not be taken into account and may result in your application not being shortlisted. Canvassing will disqualify.

# Personal Details

Please ensure that you give us your full and most up to date address, a daytime telephone number and email address where you can be reached easily to allow us to contact you at short notice if required. **Please note our primary communication method will be through email.**

# Disabilities

Springboard wishes to provide any assistance necessary to people with disabilities to ensure equity of opportunity at interview. To ensure this happens it is vital that you answer the relevant questions in this section of the application form. For guidance a person has a disability if they have a physical or mental impairment that has a substantial and long-term adverse effect on their ability to carry out normal day to day activities. Physical or mental impairment includes sensory impairments. Hidden impairments are also covered, for example, mental ill health, learning disabilities, hearing impairment, diabetes or epilepsy.

**Shortlisting**

The application has been specifically designed to assist in the shortlisting process and relates directly to criteria outlined in the personnel specification. **Failure to provide sufficient information / detail in response, to the direct questions in this form; will in effect mean your application may not be shortlisted due to lack of information. It is not enough to state that you meet the criteria, you must demonstrate in detail how you meet the criteria.**

# Monitoring Form

# Ensure you fully complete the monitoring form and return with your application form.

**APPLICATION FOR EMPLOYMENT**

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| **Official use only** |
| **Role:** | **Support Worker**  | **Role Reference Number** | **SW0225** |
| **Closing date / time** | **4.00pm on Friday 21st February 2025** | **Applicant Number**  | **SW0225** |

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| --- |
| **PERSONAL DETAILS** |
| **Title (Mr, Mrs, Miss, Ms etc)** |  |
| **Forename** |  |
| **Preferred Name** |  |
| **Surname** |  |
| **Home Address** |  |
| **Town & Postcode** |  |
| **Address for correspondence (if different)** |  |
| **Home Telephone Number** |  |
| **Mobile Number** |  |
| **Email Address** |  |
| **National Insurance No** |  |
| **Are you currently entitled to work in the UK?** |  Yes  |  No |
| **Disability – Please specify if you have a disability which requires any adjustments to be made in order to participate in the interview process and/or perform the duties of the post applied for, providing details of any adjustment(s) required.** |
|  |
| EDUCATION (Results in GCSE or equivalent) |
| **Date** | **Name of Qualification** **(eg GCSE, NVQ etc)** | **Subject** | **Grade** |
| **From** | **To** |
|  |  |  |  |  |

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| FURTHER EDUCATION (eg HND, Degree, Masters) |
| **Degree/Diploma/Certificate** | **Result & Date Obtained** | **Exams to be taken** |
|  |  |  |

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| PROFESSIONAL QUALIFICATIONS |
| **Name of Professional Body** | **Level** | **Registration Number**  | **Expiry Date** |
|  |  |  |  |

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| **EMPLOYMENT HISTORY** **Start with your present/most recent position and work backward through your career detailing any gaps in employment.**  |

|  |
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| **Employer (present or most recent post)** |
| **Name of Organisation** |  |
| **Address** |  | **Annual Salary & Benefits** |  |
| **Type of business** |  | **Reason for leaving** |  |
| **Position held** |  | **Notice period required** |  |
| **Main duties** |  |
| **Dates of Employment** | **From:** | **To:** |
| **Contracted Hours Per Week** |  |  |

|  |
| --- |
| **Employer**  |
| **Name of Organisation** |  |
| **Address** |  | **Annual Salary & Benefits** |  |
| **Type of business** |  | **Reason for leaving** |  |
| **Position held** |  |
| **Main duties** |  |
| **Dates of Employment** | **From:** | **To:** |
| **Contracted Hours per Week** |  |  |

|  |
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| **Address** |  | **Annual Salary & Benefits** |  |
| **Type of business** |  | **Reason for leaving** |  |
| **Position held** |  |
| **Main duties** |  |
| **Dates of Employment** | **From:** | **To:** |
| **Contracted Hours per Week** |  |  |

**Continue employment history on separate sheet / input tables if necessary.**

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| **ESSENTIAL CRITERIA****Please note it is not enough to state that you meet the criteria, you must demonstrate in detail how you meet the criteria, this forms part of the selection process.** |

|  |
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| Holds a Level 3 qualification in a relevant field and minimum of 2 years’ experience of working with young people. |
| **Please circle/highlight**  Yes/No |
| If yes, please provide details below. |

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| Experience of recruitment and engagement of young people onto programmes.  |
| **Please circle/highlight**  Yes/No |
| If yes, please provide details below. |

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| Experience of facilitating workshops and supporting young people from disadvantaged communities. |
| **Please circle/highlight** Yes/No |
| If yes, please demonstrate your experience below.  |

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| Computer literate (use of Microsoft Word/Outlook). |
| **Please circle/highlight** Yes/No |
| If yes, please demonstrate your experience below.  |

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| Ability and willingness to work outside of normal hours on some occasions. |
| **Please circle/highlight** Yes/No |
| If yes, please demonstrate your experience below.  |

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| **DESIRABLE CRITERIA** |
| **Current Driving Licence** |  Yes |  No |
| **Access to transport** |  Yes  |  No |

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| **DISCLOSURE OF CRIMINAL HISTORY** |
| If you are being offered an appointment, a check will be carried out as required by the Department of Health to ensure those who might be a risk to children and / or vulnerable adults are not appointed. As a registered body Springboard must comply with Access NI’s Code of Practice, which is available upon request or can be downloaded directly from their website <http://www.dojni.gov.uk/index/accessni/support/code-of-practice.htm> also in line with the Data Protection Act 2018, Access NI’s Privacy Notice is available via the following link <http://www.justice-ni.gov.uk/publications/ani-privacy> |
| **Is there any reason why you cannot work in regulated activity with adults or children?** |  Yes |  No |
| **Do you consent to Springboard carrying out a criminal history check ?** |  Yes |  No |
| Springboard Opportunities Ltd have a policy on recruitment of ex-offenders which is available upon request from our Admin Team by email: admin@springboard-opps.org or Tel: 02890315111.Having a criminal record will not necessarily debar you from working with Springboard. This will depend on the nature of the position, together with the circumstances and background of your offences or other information contained on a disclosure certificate or provided directly to us by the police. |

**REFEREES**

Please provide two referees we can contact to provide details of your **suitability for this post**. They should not be family members or friends and one (preferably both) should have knowledge of your present or most recent work and be in a supervisory / managerial capacity. **(Please note one of these references must be from your present or most recent employer).** We will take up references in writing and may also contact referees verbally. Referees will not be contacted until after the panel has selected suitable candidate(s) & funding has been confirmed. However, this must not be construed as an offer of employment.

|  |  |  |  |
| --- | --- | --- | --- |
| **Referee 1** |  | **Referee 2** |  |
| **Name** |  | **Name** |  |
| **Job Title** |  | **Job Title** |  |
| **Organisation** |  | **Organisation** |  |
| **Address**  |  | **Address**  |  |
| **Town** |  | **Town** |  |
| **Postcode**  |  | **Postcode** |  |
| **Contact Tel No** |  | **Contact Tel No** |  |
| **Email**  |  | **Email**  |  |
| **Can we contact your present employer after a verbal offer has been made?** |  Yes | No |

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| **DECLARATION** |
| I confirm that the information I provided is, to the best of my knowledge true and correct; I agree that any misrepresentation or wilful suppression of material fact by me will lead to the withdrawal of any offer of employment or my employment being terminated without any obligation or liability to the organisation other than for services rendered.I understand l must have satisfactory references and will be subject to an Access NI check.I understand that I may be asked to show formal identification and evidence of qualifications.I confirm that as far as I know there are no medical reasons which should stop me from carrying out the duties of this job.I agree to you making necessary enquiries during the recruitment and selection process.I understand that canvassing will disqualify me from the selection process for this job. |
| **Signature or type name if returning by email** | **Date:** |

**Data Protection**

We are required by the Data Protection Act 1998 to inform you how we will use any personal information that we hold either manually or on computer in relation to this application and any subsequent period of employment. This application form and accompanying documentation you complete in support of your application will be held confidentially for a period of three years if you are unsuccessful for employment. If you are successful, it will be held during the period of your employment and after your contract has expired for as long as it is necessary to meet regulatory or other legal requirements. During this time, we will not disclose its contents to a third party unless we believe it is lawful to do so.

**SPRINGBOARD IS AN EQUAL OPPORTUNITIES EMPLOYER**

**Please return application / forms by email before**

**4.00pm on Friday 21st FEBRUARY 2025**

**Email:** **recruitment@springboard-opps.org**

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| --- |
| EQUAL OPPORTUNITIES MONITORING FORM |

We are an Equal Opportunities Employer. We aim to provide equality of opportunity to all persons regardless of their religious belief, political opinion, sex, race, age, sexual orientation, or whether they are married or are in a civil partnership, or whether they are disabled, or whether they have undergone, are undergoing or intend to undergo gender reassignment.

We do not discriminate against our job applicants or employees on any of the groups listed above. We aim to select the best person for the job and all recruitment decisions will be made objectively.

In this form we are asking you to provide us with some personal information and we are doing this for two reasons.

Firstly we wish to demonstrate our commitment to promoting equality of opportunity in employment. The information that you provide us will assist us measure the effectiveness of our equal opportunities policies and develop affirmative or positive action policies.

Secondly we also monitor community background and gender to comply with our duties under the Fair Employment & Treatment (NI) Order 1998.

You are not obliged to answer the questions on this form and will not suffer any penalty if you choose not to do so, however we would encourage you to do so.

The following monitoring information forms no part of the selection process. Monitoring information is removed by the designated monitoring officer and not seen by the selection panel members. Monitoring information is used to complete statutory returns to the Equality Commission and to monitor the effectiveness of Springboard’s equal opportunities policies. All information is stored confidentially and will only be released where a recognized statutory body requires it.

**1. Community Background**

Irrespective of whether you practice any religion, persons in N Ireland are perceived to belong to specific communities and Springboard is required by law to monitor the community background of applicants. You are therefore asked to provide this information 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 neither from the Protestant nor the Roman Catholic community  |  |

*If you do not answer the above question, or if you tick the ‘neither’ box, we are encouraged to use the residuary method of making a determination, which means that we can make a determination as to your community background on the basis of the personal information supplied by you in your application.*

**2. Gender** (Please tick appropriate box)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Male |  | Female |  | Other  |  |

**3. Disability**

Disability is defined in the Disability Discrimination Act 1995 if you have cancer, multiple sclerosis or a HIV infection or if you have a physical or mental impairment that has a substantial and long term adverse effect on a person’s ability to carry out normal day to day activities.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you consider yourself to be disabled? (Please tick appropriate box) | Yes |  | No |  |

If you have answered ‘yes’ please indicate the nature of your impairment by ticking the appropriate box or boxes below.

|  |  |
| --- | --- |
|  | Physical impairment, such as difficulty using your arms, or mobility issues requiring you to use a wheelchair or crutches |
|  | Sensory impairment, such as being blind or having a serious visual impairment, or being deaf or having a serious hearing impairment |
|  | Mental health condition, such as depression or schizophrenia |
|  | Learning disability or difficulty, such as Down Syndrome or dyslexia, or cognitive impairment such as autistic spectrum disorder |
|  | Long-standing or progressive illness or health condition, such as cancer, HIV infection, diabetes, epilepsy or chronic heart disease |
|  | Other (please specify) |

**4. Ethnic Origin** (Please tick appropriate box(es). To which ethnic group do you belong?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| African |  | Bangladeshi |  | Chinese |  |
| Caribbean |  | Indian |  | Irish Traveller |  |
| Pakistani |  | White |  | Mixed Ethnic Origin |  |
| Any other ethnic group (please specify) |

**5. Age**

 Please stage your age \_\_\_\_\_\_\_\_

**6. Sexual Orientation**

 Please indicate your sexual orientation by ticking the appropriate box below

|  |  |
| --- | --- |
|  | I am straight |
|  | I am gay or lesbian |
|  | I am bisexual |
|  | Other |

**7. Martial Status / Civil Partnership Status**

 Are you married or in a civil partnership?

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

**8. Dependents/Caring Responsibilities**

 Do you have dependents, or caring responsibilities for family members or other persons?

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

 If you answered ‘yes’ are your dependents or the people you look after (please tick)

|  |  |
| --- | --- |
|  | A child or children |
|  | A disabled person or persons |
|  | An elderly person or persons |
|  | Other |

If other please specify

**Thank you for providing this information. Please return this form to Springboard with your application.**