A close up of a logo

Description automatically generated

**Disability Support Worker**

Please return the completed form via post to: The Operations Manager, Bolster Community, Unit 1 Killeavy Road, BT35 6EP or via email to: [allison@bolstercommunity.org](mailto:allison@bolstercommunity.org) by **12pm Noon on Friday 28th March 2025.**

*Note: CVs will not be accepted. Failure to fully complete this form may result in your application being rejected. It is not Bolster Community policy to acknowledge receipt of application forms, you will however be advised of the outcome of your application.*

*Applicants should clearly demonstrate evidence of the minimum essential criteria in their application. Bolster community has the right to apply desirable criteria as a short-listing method. Please note that only information contained in the application form will be considered at shortlisting stage.*

**SECTION 1 – Personal Details**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Surname |  | | | | | Title | |  | | | | | | |
| First names |  | | | | | | | | | | | | | |
| Address |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Postcode |  | | | | | | | | | | | | | |
| Contact | Home telephone |  | | | | | | | | | | | | |
| Mobile |  | | | | | | | | | | | | |
| Email address |  | | | | | | | | | | | | |
| Nationality |  | | | | | | | | | | | | | |
| National Insurance Number | | |  |  |  | |  | |  | |  |  |  |  |
| Current Driving License | | | Yes | | | | | | | No | | | | |
| Access to transport to fit needs of role | | | Yes | | | | | | | No | | | | |

**SECTION 2 – Education History**

Please **DO NOT** enter names of schools.

|  |  |  |  |
| --- | --- | --- | --- |
| **Secondary School** | | | |
| Examinations passed *E.g. GSE, GCE (O-Level), GCSE & A-Levels* | | | |
| Examination | Subject | Grade | Year |
|  |  |  |  |
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| --- | --- | --- |
| **Further/higher education** | | |
| Degree/Diploma/Certificate | Grade/Class | Year |
|  |  |  |
| **Professional qualifications** | | |
| Name of Professional Body | Grade/Class | Year |
|  |  |  |

**Relevant training courses (Detail if applicable)**

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**SECTION 3 – Employment History**

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| --- | --- | --- | --- | --- |
| **Current or most recent employer** | | | | |
| Employer |  | | | |
| Position held |  | | | |
| Period employed | From |  | to |  |
| Notice period |  | | | |
| Reason for leaving |  | | | |
| Annual salary |  | | | |
| Brief description of duties & responsibilities | | | | |
|  | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Previous employer** | | | | |
| Employer |  | | | |
| Position held |  | | | |
| Period employed | From |  | to |  |
| Brief description of duties & responsibilities | | | | |
|  | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Other employment** | | | |
| Employer | Job title | Dates employed | |
| From | To |
|  |  |  |  |

Information about any gaps in career history (if applicable)

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If you have not named your current employer (or your previous employer) please state why:

|  |
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|  |

**SECTION 4 – Essential & Desirable Criteria**

**The following section is where you relate your qualifications, experience, skills, and qualities to those that Bolster Community require for this post as described in the Personnel Specification included in your applicant pack**. **Please give concise relevant responses.**

|  |
| --- |
| 1. **Circumstances** |
| **Essential Criteria:** Ability to work flexibly to meet the needs of the role, including evening and weekend hours when necessary. |
| *Please demonstrate how you meet this criterion:* |
| **Essential Criteria:** A full current driving licence and access to a car insured for business use. *(Please note: The transportation of clients is a key part of this role, a full clean driving licence and access to a car insured for business use is required)* |
| *Please demonstrate how you meet this criterion:* |
| 1. **Qualifications** |
| **Essential Criteria:** Level 2 NVQ Health and Social Care or equivalent **OR** Proven experience of supporting children or adults with additional needs. |
| *Please demonstrate how you meet this criterion:* |
| 1. **Skills & Expertise** |
| **Essential Criteria:** Effective verbal and written communication to include numeracy skills |
| *Please demonstrate how you meet this criterion:* |
| **Essential Criteria:** Understanding of the needs of people with learning and physical disabilities. |
| *Please demonstrate how you meet this criterion:* |
| **Essential Criteria:** Ability to support service users to achieve their full potential. |
| *Please demonstrate how you meet this criterion:* |
| **Essential Criteria:** Experience of collaborative working and the ability to work in a team to deliver our vision and strategic aims. |
| *Please demonstrate how you meet this criterion:* |
| **Essential Criteria:** Commitment to building a community that recognises Equality and Diversity |
| *Please demonstrate how you meet this criterion:* |
| **Essential Criteria:** Committed to ensuring the provision of high-quality person-centred services |
| *Please demonstrate how you meet this criterion:* |

**SECTION 5 - Referees**

Please name two referees, not relatives, one at least of whom should have knowledge of your present work and be in a supervisory/managerial capacity and who will be contacted for a report (or at school if you have not previously been employed). References shall be sought after short-listing.

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| --- | --- | --- | --- |
| **Reference 1** | | | |
| Name and job title of referee | |  | |
| Employer | |  | |
| Address |  | | |
|  | | |
|  | | |
| Postcode |  | | |
| Contact | Telephone | |  |
| Email | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Reference 2** | | | |
| Name and job title of referee | |  | |
| Employer | |  | |
| Address |  | | |
|  | | |
|  | | |
| Postcode |  | | |
| Contact | Telephone | |  |
| Email | |  |

**SECTION 6 - Medical History**

Please give brief details and approximate dates of any periods of sickness during the past 2 years.

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| --- | --- |
| Reason for Sickness | Length of Absence |
|  |  |

**SECTION 7 – Planned Holiday Arrangements**

If you have any planned holiday arrangements, please indicate:

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| --- | --- |
| From | To |
|  |  |

**Bolster Community is under no obligation to make special arrangements to suit planned holidays but will, where possible, endeavour to do so.**

**SECTION 8 - Supplement to Application Form**

The Disability Discrimination Act 1995 came into effect on 2 December 1996. In line with this legislation, it is necessary for employers to consider making reasonable adjustments to accommodate a person with a disability. Recruitment and Selection will continue to be made on the basis of the merit principle however in some instances it may be necessary to consider a person’s disability and its impact upon the individuals’ ability to compete on equal terms with a non-disabled person.

In line with the Disability Discrimination Act 1995, a disability is defined as:

*“a physical or mental impairment which has a substantial and long term adverse*

*effect on your ability to carry out normal day to day activities”*

Do you consider yourself to have a disability which has an impact on the post you have applied for?

YES NO

(*Please provide appropriate details*)

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If you have answered yes to this question, is there any reasonable adjustment which you believe is necessary for Bolster Community to make to allow you to fulfil the requirements of the job for which you are applying, in full:

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Do you require any special arrangements to be made for your selection interview?

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**THIS INFORMATION WILL BE AVAILABLE TO THE SELECTION PANEL AND WILL BE USED ONLY TO ASSIST THE PANEL IN MAKING AN INFORMED DECISION AS TO BOLSTER COMMUNITIES ABILITY TO MEET YOUR NEEDS.**

**Rehabilitation of Offenders (Exceptions) Order N.I. 1979**

Do you have any prosecutions pending or have you ever been convicted at a court or cautioned by the police for any offences: YES/NO \* *(delete as appropriate)?*

(The answer to this question requires information about all convictions such as those relating to traffic offences, etc which are regarded as a criminal offences)

If yes, please give details including the offence and date and place of court hearing.

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Is there any reason why you cannot work in regulated activity: YES/NO \* (*delete as appropriate)?*

*Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please provide signature)*

*Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**In the event of employment, failure to disclose all previous convictions will result in dismissal or disciplinary action. All information will be treated in confidence and will only be taken into account when absolutely necessary.**

Please note, for posts that will involve substantial access to children/or adults with a learning disability the preferred applicant will be subject to a pre-employment consultancy service check. If you have not lived at present address for the past five years, please state any previous address/addresses:

|  |  |  |
| --- | --- | --- |
|  | **Address** | **Dates:** |
| **Address 1** |  |  |
| **Address 2** |  |  |

Please note successful applicants will be required to have an Accessing enhanced disclosure to assist with the decision-making process. A copy of the AccessNI Code Of Practice is available to view or download at the following link: <https://www.nidirect.gov.uk/publications/accessni-code-practice>

Please be advised that a criminal record will not necessarily be a bar to obtaining a position.

Bolster Community has a written policy on the recruitment of ex-offenders.  A copy is available to all applicants on request.

**Declaration and Signature**

The foregoing particulars are complete and correct to the best of my knowledge and belief.

|  |
| --- |
| **Warning: A candidate found to have knowingly given false information or to have wilfully suppressed any material fact will be disqualified or, if appointed, dismissed. Only applications containing all the information sought will be considered.** |

I hereby confirm that the information included in this application form is a true accurate account.

I understand that an ACCESS NI check must be carried out before my appointment can be confirmed. This has been explained to me and I am aware that spent convictions must be disclosed. I declare that the information I have given is accurate and I consent to the check being made.

Bolster Community is an Equal Opportunities Employer and all applications for employment are considered strictly on the basis of merit. Please complete the Equal Opportunities Monitoring Form at the following link:

<https://forms.office.com/e/7z3nvCYi8S>

I understand that the appointment is subject to receipt of satisfactory references.

|  |  |
| --- | --- |
| **Signature:** | **Date:** |