

ARDMONAGH FAMILY & COMMUNITY GROUP

APPLICATION FORM

Please return to: Administration Officer 61 – 63 Ardmonagh Gardens Belfast, BT11 8DX

TEL: 028 9024 5943 FAX: 028 9024 9125

How did you come across this Position e.g. V	Vord of Mouth, Facebook, Indeed:
Position Applied for:	Title (Mr, Mrs, Miss, Ms, etc):
Surname:	First Names:
Home Address:	Home Telephone No:
	Mobile Telephone No:
National Insurance Number:	Email Address:
Are you NISCC registered? Yes No	NISCC Number:
Nationality:	Do you hold a current full driving licence valid in the UK?
EC Non EC	Yes No No
If Non EC Please Specify:	Do you have access to a motor car?
	Yes No No

Please name two referees (not relatives) one of whom should have knowledge of your present or most recent work and be in a supervisory/managerial capacity.			
Name:	Name:		
Occupation:	Occupation:		
Address:	Address:		
Telephone Number:	Telephone Number:		

Subjects Passed	Level/Stage E.g. GCSE/'A' Level, RSA, Diploma	Grade Obtained	Year Qualification Obtained

EMPLOYMENT HISTORY Please list all your employment history from the age of 18, beginning with your most recent post. An explanation must be provided for any gaps. Name and address of employer: **Date From: Date To: Email & Contact Number: Position Held: Main Duties: Reason for leaving: Date To:** Name and address of employer: **Date From: Email & Contact Number: Position Held: Main Duties: Reason for leaving:**

Name and address of employer:	Date From:	Date To:
Email & Contact Number:		
Eman & Contact Number.		
Position Held:		
Main Duties:		
Reason for leaving:		
Places give details of any relevant worls	ovnoriones (neid or vo	luntary) that will support
Please give details of any relevant work you in the application and give evidence	e that you meet the crite	
Please be specific and detail the sections Education/qualifications	s, as below:	
Knowledge skills and abilities		
Personal attributes		
Please give a statement in support of your relevant experience and courses attended		ould include details of any

Leisure Activities: (Spor	t, hobbies etc)	
_	A DCENICI	E DECORD
	ABSENCI	E RECORD
Please give brief details	and approximate da	ates of any periods of sickness during the
past 2 years		
Date From – To	No. of days	Reason For Absence
A 1 1. E 1 0 C .		
with your current or previ	• •	erves the right to verify the above information
with your current or pievi	ous employer.	
	CRIMINA	L CONVICTIONS
Hava you ayar haan aany	atad of any animinal	offense which is not treated as 'spant' under the
-	<u>-</u>	offence which is not treated as 'spent' under the This must include any motoring offences
		This must metade any motoring offences
Yes	No L	
If you have answered Yes		
•	, please indicate the	nature of the offence and the date of conviction.
Is there any reason why ye	-	

Ardmonagh's Commitment of Equality

To deliver Ardmonagh's commitment to equality of opportunity both in the provision of services and as an employer. All staff are expected to promote equality in the work place and in the service Ardmonagh Family & Community Group delivers.

Additional Information:

As of the new data protection regulations from 25th May 2018, all information we hold on you will be kept in a locked filing cabinet and used solely for the purpose of processing wages. We will not share your information with anyone unless first gaining your permission. If you cease employment we will retain your information for 3 years, it will then be destroyed.

The post will be offered subject to satisfactory references, Access Ni check and ratification by the Management Committee. Please check website below for further information on Access Ni Checks and read the code of conduct.

AccessNI Code of Practice (nidirect.gov.uk)

We have policies on ex-offenders and data retention available in the office on request.

There will be a six-month probationary period on commencement of employment and if necessary, a further six month probationary period may be put in place.

A yearly disclosure will be required in relation to criminal offences and access NI checks will be completed two yearly.

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I certify that all particulars are correct and understand that should any false statements / o	missions
be made on this form Ardmonagh Family & Community Group reserves the right to disn	nissal.