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| Cancer Fund for Children Logo |
| **Application for Employment** |

###### Reference: Connections Support Worker. April 2025.

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| **Notes – Please read before completing the application form** |

* Applicants should submit this form; supplementary material such as CV’s will not be accepted.
* You should use this form to highlight relevant and appropriate experience given the essential and desirable criteria outlined in the job description.
* Please return completed application form in confidence to: **Human Resource Team, Cancer Fund for Children, Curlew Pavilion, Portside Business Park, Airport Road West, Belfast, BT3 9ED** or by email to **joanne@cancerfundforchildren.com**.
* Please ensure you return the monitoring form, in a separate envelope with your application form.
* In order to be considered, your completed application must be returned **no later than 12 noon, Monday 12th May 2025.**
* **Interviews will take place on Thursday 22nd and/or Friday 23rd May 2025.**

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| **Position Applied For: Connections Support Worker** |
| Surname: | Title: | Forename(s): |
| Address:Post Code: | National Insurance Number: |
| Do you have the right to work and live in the UK | Full Driving Licence?  | Own Transport?  |
| Yes/No: \_\_\_\_\_ | Yes/No: \_\_\_\_\_ | Yes/No: \_\_\_\_\_ |
| Contact Details |
| Contact Telephone Number: |
| Mobile Telephone Number: |
| Private Email Address: |

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| **Secondary / Further Education** |
| From | To | Type of School (e.g. Grammar) | Subjects  | Result |
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| **University / Higher Education** |
| From | To | University / College | Title of Degree / Diploma | Result |
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| **Details of any Professional and Training Courses taken** |
| Date | Organising Body | Name of Course | Result |
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| **EMPLOYMENT HISTORY – PRESENT POST** |
| Name and address of present employer | Date appointed.Day/Mth/Yr / / | Present Salary/Wage | Period of Notice |
|  | Reason for leaving: |
| MAIN DUTIES OF PRESENT POST |
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| **EMPLOYMENT HISTORY – PREVIOUS POSTS****(Please list your previous posts beginning with the most recent)****Continue on separate page if necessary.** |
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| **1. Name and address of employer** | **Job Title and location** | **FROM**Day/Mth/Yr **/ /** | **TO**Day/Mth/Yr **/ /** |
| **Rate of Pay: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Duties (briefly):** |
|  |
| **Reason for leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **2. Name and address of employer** | **Job Title and location** | **FROM**Day/Mth/Yr **/ /** | **TO**Day/Mth/Yr **/ /** |
| **Rate of Pay: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Duties (briefly):** |
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| **Reason for leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **3. Name and address of employer** | **Job title and location** | **FROM**Day/Mth/Yr **/ /** | **TO**Day/Mth/Yr **/ /** |
| **Rate of Pay: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Duties (briefly):** |
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| **Reason for leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **4. Name and address of employer** | **Job title and location** | **FROM**Day/Mth/Yr **/ /** | **TO**Day/Mth/Yr **/ /** |
| **Rate of Pay: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Duties (briefly):** |
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| **Reason for leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **5. Name and address of employer** | **Job title and location** | **FROM**Day/Mth/Yr **/ /** | **TO**Day/Mth/Yr **/ /** |
| **Rate of Pay \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Duties (briefly):** |
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| **Reason for leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **6. Name and address of employer** | **Job title and location** | **FROM**Day/Mth/Yr **/ /** | **TO**Day/Mth/Yr **/ /** |
| **Rate of Pay \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Duties (briefly):** |
|  |
| **Reason for leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
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| **Meeting the Criteria** |
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| In this section, we would like you to provide information which will aid the shortlisting process. In each of the sections please state how you meet the particular criteria, giving at least one example from your paid work experience as appropriate. Please ensure this section of the form is completed fully and thoroughly to aid selection decision making. Please continue on a separate page if necessary. |
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# ESSENTIAL CRITERIA:

**Qualifications**

*Provide evidence of how you meet the criteria outlined in the person specification on the role profile.*

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**Experience/Knowledge**

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| *Provide evidence of how you meet the criteria outlined in the person specification on the role profile.* |
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**Competencies**

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| *Provide evidence of how you meet the criteria outlined in the person specification on the role profile.* |
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# DESIRABLE CRITERIA:

*Please outline how you meet the desirable criteria if applicable and use this space to add any detail that may be relevant to your application.*

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# CRIMINAL RECORD

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| Please advise of any criminal convictions which are not regarded as spent under the Rehabilitation of Offenders (NI) Order 1978. If none, please state. |

**OTHER INFORMATION**

**Please indicate where you heard of this vacancy.**

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| Newspaper/Jobfinder Website | Word of Mouth |
| Cancer Fund for Children Website | Linkedin |
| OtherPlease specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

# REFERENCES

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| Please give the names and email addresses of two people we may contact for employment references. One should be your current or most recent employer.These will not be taken up unless an offer of employment is made |
| Name:Position:Address:Telephone Number: | Name:Position:Address:Telephone Number: |

**DECLARATION** (Please read this carefully before signing this application)

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| I confirm that the above information is complete and correct and that any untrue or misleading information will give the management of Cancer Fund for Children the right to terminate any contract of employment offered.I agree that Cancer Fund for Children reserves the right to require me to undergo a medical examination at any time. Should this organisation require any further information with view to contacting your doctor for a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor |
| Signed: Date: |