

# Application for Employment

<b>PRIVATE &amp; CONFIDENTIAL</b> Return this form to:  Nadia Templeton Fairways 10 Mark Street Portrush BT56 8BT		Please attach a recent photograph here	
Position Applied For:		Fairways Project:	Ref No:
Title:	Schools <small>(type only - e.g. technical college, grammar, etc.)</small>	Qualifications Gained	
Surname:			
Forename(s):			
Date of Birth:			
Address:			
Postcode:			
Tel. Nos <small>(including code)</small> Home: Work: Mobile: Email:	College / University	Qualifications Gained	
Current Driving License? Yes / No Groups: Expiry Date:			
Endorsements:			
Are there any restrictions on you taking up work in the UK? Yes / No <small>(if yes, please provide details)</small>	Other Training & Qualifications Gained		
National Insurance No:			
NISCC No. if applicable:			
Next of Kin Details:  Name:  Address:  Contact telephone No:  Relationship:			

**Other Employment**

Please note any other employment you would continue if you were to be successful in obtaining this position:

**Leisure**

Please note your leisure interests, sports and hobbies, or other pastimes, etc.

**Employment History**

(Please complete in full using a separate sheet if necessary, starting with your most recent employment and give reasons for gaps in employment)

From - To	Name & Address of Employer	Job Title & Duties	Salary on Leaving	Reason for Leaving

**References**

Please provide details of two referees who can provide information relating to your competency in a caring role, one whom must be your most recent employer. If you are a student, please give an academic referee. If you are applying for a post, which requires unsupervised access to children/vulnerable adults, the company reserves the right to approach any past employer for a reference.

1	Name:	2	Name:
	Position:		Position:
	Organisation:		Organisation:
	Address:		Address:
	Postcode:		Postcode:
	Email:		Email:
	Tel No.		Tel No.
	May the company approach the above prior to interview? Yes / No		May the company approach the above prior to interview? Yes / No

## General Comments

Please details here your specific reasons for this application, your main achievements to date and the strengths you would bring to this position.

## Cautions, Rehabilitation & Criminal

Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 5(2) of the Rehabilitation of Offenders (Northern Ireland) Order 1978, by virtue of The Rehabilitation of Offenders (Exceptions) Order (Northern Ireland) 1979, which means that convictions that are spent under the terms of the Rehabilitation of Offenders (Northern Ireland) Order 1978 **must be disclosed**, and will be taken into account in deciding whether to make an appointment. Any information will be completely confidential and will be considered only in relation to this application. A Criminal Records check will not necessarily bar you from employment. The Organisation's Ex-Offender Policy can be made available upon request.

You should make yourself aware of the AccessNI Code of Practice. A copy of this code can be provided on request.

Because of the nature of our business you are required to submit to a Criminal Records check. Any disclosure will remain strictly confidential.

Do you authorise us to obtain any necessary information in connection with this application for employment? YES / NO (delete as required)

Have you ever been convicted in a Court of Law and/or cautioned in respect of any offence? YES / NO (delete as required)

If YES, please give details:

Please disclose any reason why you might not be allowed to work in regulated activity:

## Special Requirements (Care Sector)

Because this position involves the care of children and/or vulnerable adults employment is dependent on the following:

1. Your written consent to obtaining a disclosure of criminal records including any convictions that are spent under the terms of the Rehabilitation of Offenders (Northern Ireland) Order 1978.
2. Such disclosure being acceptable to the company.
3. Proof of identity – birth or marriage certificate (where appropriate) and passport (if available).
4. Two satisfactory written references.
5. That you will supply a photograph of yourself for retention in your records.
6. Evidence of physical or mental suitability for your work.

## Health Details

If the answer is YES to any of the questions in this section, please give full details in the space provided of the dates, duration and outcomes of the illness or condition. If we have any concern about your fitness for work, employment will be subject to satisfactory medical reports.

Have you ever had:	Delete as applicable	Additional information to 'YES' response
Tuberculosis, asthma, bronchitis or chest problems?	YES / NO	
Chest pain, heart condition or raised blood pressure?	YES / NO	
Blackouts, fits or attacks of giddiness?	YES / NO	
Depression, mental illness or nervous breakdown?	YES / NO	
Rheumatism or arthritis?	YES / NO	
Back trouble?	YES / NO	
Typhoid, paratyphoid or other gland trouble?	YES / NO	
Digestive or bowel disease?	YES / NO	
Diabetes, thyroid, or other gland trouble?	YES / NO	
Bladder or Kidney trouble?	YES / NO	
Dermatitis or skin trouble?	YES / NO	
Various veins?	YES / NO	
Any other accident, operation or illness?	YES / NO	
Have you any reason to believe you may be infected by any other current or recent medical condition or treatment, which might affect your attendance or performance at work?	YES / NO	
Do you intend to work night duty on a regular basis?	YES / NO	
Any illness or medical condition that prevented you from attending work on your normal duties or activities for more than one week during the past year?	YES / NO	
Any physical impairment, including defect of sight or hearing? If YES, please specify any special needs in relation to your disability.	YES / NO	
Do you smoke?	YES / NO	
How many units of alcohol do you drink per week?		(One unit = ½ pint beer = 1 glass wine = 1 single whiskey)

## Declaration (Please read carefully before signing this application)

- I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.
- Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor. I agree that the organisation reserves the right to require me to undergo a medical examination. In addition, I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.
- I agree that should I be successful in this application, I will, if required, apply for a full disclosure of criminal records, including any spent convictions. I also agree that the company may apply to my previous employers for references. I understand that should I fail to do so, or should the disclosure or reference not be to the satisfaction of the company, any offer of employment may be withdrawn or my employment terminated.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

### Confidential Monitoring Information

In order to comply with Fair Employment Legislation, the company is required to monitor the perceived religious affiliation of applicants and employees. You are therefore required to complete the following sections.

Please note that this information will not be made available to those involved in interviewing or short-listing.

Please tick the appropriate boxes:

Gender:            Male             Female

Please answer **either** question 1 or 2

1. Please indicate the community to which you belong 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 a member of neither the Protestant or Roman Catholic Community

2. Did you attend a Primary / Preparatory School in Northern Ireland?

Yes

No

If yes, please give details of the Primary / Preparatory Schools which you attended.

Name of School	Address	From	To
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____