**About you**

|  |  |
| --- | --- |
| Please return to | Nadia TempletonFairways10 Mark StreetPortrush BT56 8BTcareers@fairways-ni.org.uk  |
| Please attached a recent photograph to your email application. Confirm you have done this by writing “yes” in this field. |  |
| Position applied for |  |
| Fairways project |  |
| Reference number |  |
| Title (e.g. Mr / Mrs / Ms / Miss) |  |
| Forename(s) |  |
| Surname |  |
| Date of birth |  |
| Address |  |
| Postcode |  |
| Telephone number |  |
| Email address |  |

**Education**

|  |  |
| --- | --- |
| Schools attended |  |
| Second-level qualifications (e.g. GCSEs, A-Levels, BTec) |  |
| Colleges / universities attended |  |
| Second-level qualifications (e.g. Bachelor degree, Master’s degree) |  |
| Other relevant training or qualifications |  |

**Other information**

|  |  |
| --- | --- |
| Current driving licence (yes / no) |  |
| Endorsements (yes / no) |  |
| If yes, then what? |  |
| Are there any restrictions on you working in the UK? (yes / no) |  |
| If yes, then please provide details |  |
| National insurance number |  |
| NISCC number if applicable |  |
| Next of kin name |  |
| Next of kin address |  |
| Next of kin relationship |  |
| Next of kin contact number |  |
| Other employment*Note other employment you would continue if you were to be offered this position.* |  |
| Leisure interests*Please outline your leisure interests, sports, hobbies, pastimes.* |  |

**Previous employment**

*Complete in full, starting with your most recent employment and mention any gaps in employment if relevant*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date*From and to* | Employer*Name and address* | Job title and 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.*

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Name |  |
| Position |  | Position |  |
| Organisation |  | Organisation |  |
| Address |  | Address |  |
| Postcode |  | Postcode |  |
| Email |  | Email |  |
| Telephone |  | Telephone |  |
| Can we get in contract (yes / no) |  | Can we get in contract (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.*

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**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) |  |
| Have you ever been convicted in a Court of Law and/or cautioned in respect of any offence? (yes / no) |  |
| If yes, then please give details |  |
| Please disclose any reason why you might not be allowed to work in regulated activity |  |

**Special requirements in the 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 with 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** | **Yes / no** | **Additional information if “yes”** |
| Tuberculosis, asthma, bronchitis or chest problems? |  |  |
| Chest pain, heart condition or raised blood pressure? |  |  |
| Blackouts, fits or attacks of giddiness? |  |  |
| Depression, mental illness or nervous breakdown? |  |  |
| Rheumatism or arthritis? |  |  |
| Back trouble? |  |  |
| Typhoid, paratyphoid or other gland trouble? |  |  |
| Digestive or bowel disease? |  |  |
| Diabetes, thyroid, or other gland trouble? |  |  |
| Bladder or Kidney trouble? |  |  |
| Dermatitis or skin trouble? |  |  |
| Various veins? |  |  |
| Covid 19? |  |  |
| A Covid 19 vaccination & boosters? |  |  |
| Any other accident, operation or illness? |  |  |
| 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? |  |  |
| Do you intend to work night duty on a regular basis? |  |  |
| 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? |  |  |
| Any physical impairment, including defect of sight or hearing? If YES, please specify any special needs in relation to your disability. |  |  |
| Do you smoke? |  |  |

|  |  |
| --- | --- |
| How many units of alcohol do you drink per week? |  |

**Declaration**

1. *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.*
2. *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.*
3. *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.*

|  |  |
| --- | --- |
| Are you male or female? |  |

*Please answer either question 1 or question 2. There is no need to answer both questions.*

1. Please indicate the community to which you belong – select “yes” to just one question:

|  |  |
| --- | --- |
| **Statement** | **Yes / no** |
| I am a member of the Protestant Community (yes / no) |  |
| I am a member of the Roman Catholic Community (yes / no) |  |
| I am a member of neither the Protestant or Roman Catholic Community (yes / no) |  |

2. Primary school information

|  |  |
| --- | --- |
| **Statement** | **Yes / no** |
| I attended a primary or preparatory school in Northern Ireland (yes / no) |  |

*If yes then please fill in the following table:*

|  |  |  |
| --- | --- | --- |
| Dates*From and to* | Name of school | Address of school |
|  |  |  |
|  |  |  |
|  |  |  |