# **\\ageni-file\redirected\vgamble\Desktop\LLL Logo.jpg**

**APPLICATION FORM**

|  |  |
| --- | --- |
|  | Applicant Reference |
| Age NI is an Equal Opportunities Employer | HSW/10/21 |
| (For Employer’s Use Only) |
| Please do not include a Curriculum Vitae as shortlisting will be based on the information contained within the application form only | |

|  |  |
| --- | --- |
| Return completed forms to: | Dementia Community Support Worker, Belfast  **Hours: 20 – 30 hours**  Please state how many hours you would like  **Closing date: Thursday 28 October 2021 at 12 noon** |
| To:  **People & Development Team**  **Age NI**  **3 Lower Crescent** Belfast **BT7 1NR**  or email to: recruitment@ageni.org |

##### PERSONAL DETAILS

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| First name(s): |  |  | Surname: |  |  |
| Address: |  |  | Title: |  |  |
|  |  |  | Tel. No. (Home): |  |  |
|  |  |  | Tel. No. (Work): |  |  |
|  |  |  | Tel. No. (Mobile): |  |  |
|  |  |  | National Insurance No: |  |  |
| Postcode: |  |  | Driving licence: | Yes / No |  |
| Email Address: |  |  | Access/use of car: | Yes / No |  |

##### REFEREES

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Please nominate two persons who are familiar with your work in a supervisory or managerial capacity, at least one of whom should be your present or most recent employer. References provided by friends or relatives will not be accepted. | | | | | |
| 1. Name: |  |  | 2. Name: |  |  |
| Position: |  |  | Position: |  |  |
| Address: |  |  | Address: |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Post code: |  |  | Post code: |  |  |
| Relationship: |  |  | Relationship: |  |  |
| Tel. No: |  |  | Tel. No: |  |  |
| Email Address: |  |  | Email Address: |  |  |

References are usually sought for the successful candidate(s) only after the interview has taken place.

**EDUCATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Results in GCE/GCSE (or equivalent)** | | | |
| **Subjects Passed** | **Level Attained** | **Grade** | **Year** |
|  |  |  |  |

##### FURTHER EDUCATION

|  |  |  |
| --- | --- | --- |
| **Degree / Diploma / Certificate** | **Year Obtained** | **Exams To Be Taken** |
|  |  |  |

##### PROFESSIONAL QUALIFICATIONS

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Professional Body** | **Qualifications/**  **Grade of Membership** | **Date of Membership** | **Current Member**  **Yes / No** |
|  |  |  |  |

##### EMPLOYMENT HISTORY – PRESENT POST

|  |  |
| --- | --- |
| **Name & Address of Present Employer** | Position Held:  Commencement Date:  Current Salary / Wage:  Period of Notice Required: |
| Type of Contract (please delete) Permanent / Fixed Term / Temporary | |
| Summary of Duties of Post (include number and grades of staff for whom you are responsible if applicable) | |

##### PREVIOUS EMPLOYMENT

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Please list your previous posts beginning with the most recent. Should there be gaps in your employment history through changing jobs or being unemployed please detail these also. | | | | | |
| **Name & Address of Employer** | Position Held | **Brief Outline of Main Duties** | **Period of Employment Months/Years** | | **Reason for Leaving** |
|  |  |  | **From** | **To** |  |
|  |  |  |  |  |  |

##### ADDITIONAL INFORMATION

|  |
| --- |
| We shortlist only on the information which you provide on this application form. Please state below how you meet the below essential criteria laid down for this post. (Please continue on additional sheets, if necessary).  **Experience of providing person centred care, including personal care, to a person with dementia in a paid or voluntary capacity** |
| **Full current driving licence and access to a car or an alternative form of transport that allows you to meet the travel needs of this post** |

##### PREVIOUS EMPLOYMENT – CONTINUATION SHEET

|  |  |  |
| --- | --- | --- |
| Please detail any gaps in your employment history | | |
| **Periods of Unemployment**  **Dates** | | Reason for absence from employment |
| **From** | **To** |  |
|  |  |  |

**PERSONAL DECLARATION**

Are you barred from working with vulnerable adults? **YES / NO** [delete as appropriate]

I declare that all the foregoing statements are true and complete to the best of my knowledge and belief.

I understand that any wilful misstatement or omission renders me liable to disqualification or, if appointed, to dismissal.

We reserve the right to verify the information you have provided and seek information from other sources.

**Signature: ………………………………………………………… Date: ………………………………………………….**

**CANVASSING WILL DISQUALIFY**

Please ensure that you have completed all relevant parts of this application form including the equal opportunities monitoring section as only applications containing the information sought will be considered.

The information in this application form will be held securely both manually and electronically on the Age NI People & Development computer database in accordance with current Data Protection legislation. We will treat the information given in this application as confidential however applicants are advised that legal processes may require us to disclose the form to certain statutory bodies.

##### \\ageni-file\redirected\vgamble\Desktop\LLL Logo.jpg

**EQUAL OPPORTUNITIES MONITORING**

HCW/10/21

# **Applicant Reference**

(For employers use only)

Age NI is committed to equality of opportunity for all job applicants regardless of sex, disability, marital status, caring responsibilities, religious affiliation, political opinion, sexual orientation, ethnic origin or age, and therefore selects staff solely on the basis of merit.

Monitoring is undertaken in the interests of ensuring that Age NI’s Equal Opportunities Policy is effective and you are requested to complete the following questionnaire by ticking appropriate boxes.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sex | Male |  | Female |  |  | |
|  | | | | | | |
| **Marital Status** | Single |  | Married |  | Other |  |

**Regardless of whether we practise religion, most of us in Northern Ireland are seen as either Protestant or Roman Catholic. Please indicate your community background by ticking the appropriate box below:**

|  |  |
| --- | --- |
| **Religious Affiliation** | |
| 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 nor the Roman Catholic community |  |

## Ethnic Origin

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Bangladeshi |  | Chinese | |  | Pakistani |  |
|  | | | | | | |
| Black African |  | Indian | |  | White |  |
|  | | | | | | |
| Black Caribbean |  | Irish Traveller | |  | Mixed Ethnic Group |  |
|  | | | | | | |
| Other Group (please specify) | | |  | | | |

## Age:

Date of Birth / /

## Disability:

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

*“a person has a disability …. if he/she has a physical or mental impairment which has a substantial and long term effect on his/her ability to carry out normal day-to-day activities.”*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Having read this definition do you have a disability? | Yes |  | No |  |

Access to this information will be strictly controlled and will not be available to those considering your application or employment. Monitoring will involve the use of statistical summaries of information in which the identities of individuals will not appear. The information will not be available for any other purposes other than equal opportunities monitoring, and will have no effect on the outcome of your application.

If your application for employment is successful, the information will subsequently be transferred to the monitoring system operated by Age NI. There it will be strictly controlled in accordance with an agreed Code of Practice.

NOTE: It is an offence under the Fair Employment (NI) Act 1989 to give false information to Age NI for monitoring purposes.