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| Application for the post of: | WAKING NIGHT SUPPORT WORKER |
| Reference Number: |  |
| Closing Date / Time: |  |

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| Applicant Information | | | |
| Tile: | First Name (s): | | Last Name: |
| Previous surname: | | National Insurance Number: | |
| Tel No: | | Do you have the right to work in the UK? **YES**  **NO** | |
| Email Address: | | | |

***Please note that if an email address is provided we will use this as the primary method of correspondence.***

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| Postal Address for Correspondence | |
| Address: |  |
| Postcode: |  |

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| Educational Qualifications List the highest level of education achieved e.g. GCSE, ‘A’ level, Diploma etc. | | | |
| **Educational Establishment** *e.g. School, College, University* | **Year** | **Qualification/Certification Gained** | **Level Attained** |
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| Professional Registrations *e.g. NISCC / Other* | | | | |
| **Name of**  **Professional Body** | **Part of Register/Profession** | **Date of**  **Registration** | **Registration**  **Number** | **Expiry Date** |
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| Are you currently the subject of a referral to, or an investigation by, your professional body? | | | | YES  NO |
| Have you been involved or are you currently involved in any professional or personal, unresolved or pending issue that might undermine your standing ability to do the job? | | | | YES  NO |

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| Employment History - PRESENT POST | | |
| Please select desired employment status:  Permanent  Temporary  Agency | | |
| Employer Name: | | |
| Period of notice: | Salary / Wage: | Start Date |
| Job Title: | | |
| Employer Address: | | |
| Principal duties of present post: | | |
| Reason for leaving: | | |

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| Employment History - PREVIOUS POSTS | | | | | |
| Please list all your previous posts beginning with the most recent including periods out of employment and any training. | | | | | |
| Name and Address  of Employer | Job Title | Key Duties | Start Date | End Date | Reason for Leaving |
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| **If you have any gaps in your career history, please include and explain these in the box below.** |
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| ADDITIONAL INFORMATION – Please tell us more about yourself and your motivation for applying for this role at Camphill Community Clanabogan |
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| What activities outside work interest you? |
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| HEALTH | |
| Please detail the number of days of sickness absence in the last two years. |  |
| Please detail any extended period of absence (greater than two weeks) from work due to illness during the last two years. |  |

***N.B. The successful candidate will be required to complete a medical questionnaire***

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| References | | | |
| Please name two suitable referees, at least one of whom should have knowledge of your present or most recent work as your Line Manager/Employer. (Relatives should not be named as referees).  **Referees will only be contacted following a successful interview.** | | | |
| **Title:** |  | **Title:** |  |
| **Name:** |  | **Name:** |  |
| **Position:** |  | **Position:** |  |
| **Organisation:** |  | **Organisation:** |  |
| **Address:** |  | **Address:** |  |
| **Post Code** |  | **Post Code** |  |
| **Phone Number:** |  | **Phone Number:** |  |
| **Email:** |  | **Email:** |  |

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| Disability Discrimination Act 1995 | |
| Do you consider yourself to be disabled under the Disability Discrimination Act? | YES  NO |
| If yes, are there any adjustments that you think we could make to overcome a disability in relation to the essential requirements of this job? | YES  NO |
| If yes, please provide further details: | |
| Do you require a reasonable adjustment for reasons related to a disability to allow you to attend for interview? Please note if you have a disability and require reasonable adjustments to undertake the duties of the post, this will be managed as part of any conditional offer process. The final offer of employment would be subject to agreement of reasonable adjustments to allow you to fulfil the needs of the post  YES  NO | |
| If selected for interview, do you require any assistance/adaptations to help you attend? | YES  NO |
| If yes, what assistance/adaptations do you require? | |

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| Rehabilitation of Offenders (Exceptions) Order Northern Ireland, 1979 |
| Under the Rehabilitation of Offenders (Exceptions) Order Northern Ireland, 1979 as amended, Camphill Community Clanabogan as social care provider is included in the list of excepted employers. As such, all criminal convictions (other than protected convictions) may never be regarded as spent and must be disclosed prior to any appointment being confirmed. All conditional offers are subject to a satisfactory personal declaration and all regulated posts must also have a satisfactory Enhanced Disclosure Check including a Barred list check.  CCC is committed to the equality of opportunity for all applicants, including those with criminal convictions. We will undertake to ensure an open, measured and recorded discussion on the subject of any offences or other matters that might be considered relevant for the position concerned. If required this will be conducted following the selection process. Whilst the disclosure of information will not automatically prevent an individual from obtaining employment, it is essential that all convictions (other than protected convictions) are disclosed to allow CCC to adequately consider their relevance to the post in question. CCC considers failure by applicants to declare complete and accurate information about convictions to be a serious breach of trust. |

If your application is successful any job offer will be subject to the below checks being satisfactory.

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| * AccessNI and criminal convictions * Medical questionnaire/report * References * Eligibility to work in the UK * Driving licence, qualifications, professional membership etc., if any of these are a requirement for the post. |

# DECLARATION

I declare that the information give in this application form is true and complete.

I understand that to take up this job I must have satisfactory references, health assessment and Access NI checks (if applicable).

I understand that I may be asked to show some formal identification and evidence of qualifications if required.

I confirm that as far as I know there are no medical reasons that would stop me from carrying out the duties of this job.

I understand that canvassing will disqualify me from the selection process for this job.

I understand that if I have given any misleading information on this form or made any omissions, this will be sufficient grounds for terminating my employment.

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| Signature : |  | Date: |  |

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| **Return the completed form to:**  Camphill Community Clanabogan 15, Drudgeon Road BT78 1TJ Omagh  **Or email to:**  [office@camphillclanabogan.com](mailto:office@camphillclanabogan.com) |

