

APPLICATION FOR EMPLOYMENT

PLEASE COMPLETE IN BLACK INK



BELFAST CENTRAL MISSION
AN EQUAL OPPORTUNITIES EMPLOYER

Belfast Central Mission will not accept:

- Incomplete Application Forms
- CV's in lieu of a fully completed Application.
- Reproduced/scanned Application Forms.

PRIVATE AND CONFIDENTIAL Return this form to:- Personnel Department Belfast Central Mission Grosvenor House 5 Glengall Street Belfast BT12 5AD		PLEASE NOTE: If you are shortlisted for interview you will be contacted as soon as possible, and not later than 3 weeks after the closing date. If you have not heard from us within 3 weeks of the closing date, this will mean that your application has been unsuccessful. Thank you for your interest in this vacancy.		Job Ref No _____ Applicant Ref No _____ P/Ref No _____											
POST DETAILS			How did you hear of this vacancy?		Please indicate any planned holiday arrangements: BCM would like to point out that it is under no obligation to take account of your holiday arrangements.										
Surname _____		Forename(s) _____			Title _____										
Former Surname (if appropriate) _____		National Insurance No													
		<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>													
Address _____ Postcode _____			<u>Contact Numbers</u> Home _____ Business _____ Mobile _____ E-mail _____												
Full Driving Licence? Yes <input type="checkbox"/> No <input type="checkbox"/> Are you a car owner? Yes <input type="checkbox"/> No <input type="checkbox"/> Endorsements in last 5 years? Yes <input type="checkbox"/> No <input type="checkbox"/> If applicable, number of current points on Licence __			Are you eligible to take up employment in the UK? Yes <input type="checkbox"/> No <input type="checkbox"/> Will you require a Work Permit? Yes <input type="checkbox"/> No <input type="checkbox"/>												

REFEREES

Please name two referees, at least one of whom should have knowledge of your current/latest work and be in a supervisory/managerial capacity (relatives, friends or colleagues should not be named).

Name _____ Address (inc Postcode) _____ _____ Capacity in which known to applicant: _____ Occupation _____ Contact No (Daytime) _____	Name _____ Address (inc Postcode) _____ _____ Capacity in which known to applicant: _____ Occupation _____ Contact No (Daytime) _____
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EDUCATION

EDUCATION (GCE/GCSE/A LEVEL OR EQUIVALENT)

School(s) (type only eg, technical, grammar)	Subject	Level	Grade

FURTHER EDUCATION

College/University	Course Attended	Qualification Obtained	Grade

PROFESSIONAL QUALIFICATIONS/REGISTRATION

Professional Body	Qualification Obtained	Registration No and Expiry Date (if applicable)

PRESENT/MOST RECENT EMPLOYMENT

Name/Address of present/most recent employer:

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Job Title:

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Department (including location of post):

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Date Appointed:

Present Salary/Wage:

Date Left (if applicable):

Period of Notice
required:

Reason for Leaving:

Brief Description of Principal Duties (include number and grades of staff for whom you are responsible)

PREVIOUS EMPLOYMENT RECORD (starting with most recent)

Dates (From/To)	Name and Address of Employer	Grade/Post	Brief Description of Duties	Reason for Leaving

PREVIOUS EMPLOYMENT (continued)

Please account for any gaps in employment not covered in the previous section.

OTHER EMPLOYMENT

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

SUPPORTING INFORMATION

Please state concisely the qualities and skills you believe you possess that will enable you to undertake the duties of the post for which you have applied. You should outline your previous experience and achievements and demonstrate how this meets the essential criteria contained in the personnel specification for this post.

HEALTH DETAILS

Do you consider yourself to have a disability (under the Disability Discrimination Act 1995) that would require adjustments for the selection process and in order to carry out the duties entailed in this post?

YES NO

If YES: Please specify any adjustments required.

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LEISURE INTERESTS

Please give details in relation to your interests outside work.

Please describe any other activities which may be of interest in relation to this application (eg courses attended, voluntary work)

NO SMOKING POLICY

Belfast Central Mission is a No Smoking Organisation, do you agree to adhere to this? YES NO

CRIMINAL OFFENCES

By virtue of the Rehabilitation of Offenders (Exceptions) Order (NI) 1979 and because of the nature of the work for which you are applying this post is exempt from the provisions of Article 5 of the Rehabilitation of Offenders (NI) Order 1978. Accordingly, you are not entitled to withhold information about convictions which would otherwise be considered as 'spent' under the provisions of the 1978 Order. Failure to disclose such information could result in dismissal in the event of employment.

State whether or not you have ever received a police caution or been convicted of any criminal offences:

YES NO . If yes, please list below details of all convictions, cautions, or bind-over orders. Give as much information as you can, including, if possible, the offence, the approximate date of the court hearing and the court which dealt with the matter.

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PLEASE NOTE THAT DRIVING OFFENCES ARE CRIMINAL OFFENCES AND MUST BE DECLARED.

Do you have any prosecutions pending YES NO . If yes, please give details:

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IT SHOULD BE NOTED THAT CONVICTIONS FOR OFFENCES DO NOT NECESSARILY DEBAR AN APPLICANT FROM OBTAINING EMPLOYMENT.

ACCESS NORTHERN IRELAND

Access NI is a criminal history disclosure service established by the Government under Part V of the Police Act 1997. As an organisation using Access NI to help assess the suitability of applicants for positions of sensitivity and trust, BCM complies fully with Access NI's Code of Practice (a copy is available on request).

If you have applied for a post which is a "regulated position" or a post giving you access to children, young people or vulnerable adults, it is BCM's policy and a legal requirement that we ask Access NI to carry out an Enhanced criminal record check of the preferred applicant. This is to ensure that people who might be a risk to vulnerable adults, children or young people are not appointed.

The check will tell us if the preferred applicant has a criminal record or if their name is included in the Children's Barred List or the Adults Barred List (maintained by ISA: Independent Safeguarding Authority).

Depending on the nature of the post, we may carry out an Enhanced criminal record check or you may alternatively be asked to produce a Basic Disclosure Certificate for BCM. It will be your responsibility to have this level of disclosure check carried out.

This information will be treated confidentially. Any matters revealed in the disclosure information will be discussed with the preferred applicant and could result in the offer of employment being withdrawn.

After the final decision regarding recruitment is made the information will be destroyed in line with BCM's policy.

Continued overleaf.....

Continued.....

It is imperative that you have completed fully the Criminal Offences section of this application. You should have told us if you have ever been convicted of a criminal offence or cautioned by the police, or bound over. You should have told us about all offences, even minor ones such as motoring offences, and "spent" convictions, that is, things which happened a long time ago. If you leave anything out it may affect your application.

This information will be used only to assess the person's suitability for employment in so far as it is relevant. Candidates will be considered on merit and ability and not discriminated against unfairly.

Further information on Access NI and the Disclosure process can be found on www.accessni.gov.uk or call the Access NI Helpline on 028 90 259100.

Have you ever been referred for inclusion on the Children's Barred List or the Adults Barred List (maintained by ISA: Independent Safeguarding Authority) which would prevent you from working with these groups?

YES NO . If yes, please give details:

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DECLARATION (please read this carefully before signing this application)

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. I agree that BCM reserves the right to require me to undergo a medical examination. (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 this information will be retained in my personnel file during employment and 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 or BCM will, if required, apply for a full disclosure of criminal records, including any spent convictions. I also agree that BCM 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 BCM, any offer of employment may be withdrawn or my employment terminated.



Signature Date





Job Ref No	
Applicant Ref No	
P/Ref No	

BCM - EQUAL OPPORTUNITIES MONITORING

Strictly Confidential

EQUALITY OF OPPORTUNITY

BCM recognises and actively promotes the benefits of a diverse workforce and is committed to treating all employees with dignity and respect regardless of race, gender, disability, age, sexual orientation, religion or belief. We therefore welcome applications from all sections of the community.

To demonstrate our commitment to equality of opportunity in employment, we need to monitor the age, community and ethnic background of our applicants and employees, as required by the Fair Employment and Treatment (NI) Order 1998. We are therefore asking you to complete the questions below by ticking the appropriate box.

1] PLEASE INDICATE WHETHER YOU ARE: MALE FEMALE

2] DATE OF BIRTH AGE

3] 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

4] ETHNIC ORIGIN

To which of these ethnic groups do you consider you belong? (please tick one box)

- | | |
|---|--|
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Black African |
| <input type="checkbox"/> Black Caribbean | <input type="checkbox"/> Black Other |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Indian |
| <input type="checkbox"/> Irish Traveller | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> Mixed Ethnic Group, please specify | <input type="checkbox"/> White |
| <input type="checkbox"/> Other, please specify | |

If you do not complete this questionnaire, we are encouraged to use the "residuary" method, which means that we can make a determination on the basis of personal information on file/application form.

Note: It is a criminal offence under the legislation for a person to "give false information in connection with the preparation of the monitoring return."