

Application Form

AN EQUAL OPPORTUNITIES EMPLOYER



NW CARE

NOTES:

- CVs will not be accepted
- Canvassing will disqualify
- Only applications containing all the information which has been sought will be considered
- You are strongly encouraged to complete the equal Opportunities section of this form which is used only for Monitoring/statistical purposes and is not made available to the panel
- Applications received after the closing date and time will not be considered
- Complete in **BLACK INK**

Applicant Ref:
(For office use only)

JOB APPLIED FOR PLEASE ✓

DOMICILIARY CARE WORKER

TEAM LEADER

COORDINATOR

ADMIN

PERSONAL DETAILS

Surname:

Title (Mr, Mrs, Miss, Ms, Dr):

First Names:

Previous Surname:

Address:

Postcode:

Home Tel No:

Mobile Tel No:

E-mail address:

Do you hold a current full driving licence valid in UK?

Yes

No

Do you have access to a motor car?

Yes

No

Are you willing to receive correspondence by e-mail and SMS/Text?

Yes

No

DISABILITY

The Disability Discrimination Act 1995 defines disability as a physical or mental impairment which has a substantial and long-term effect on a person's ability to carry out normal day-to-day activities. 'Normal day-to-day activities' listed in the Act are mobility; manual dexterity; physical coordination; continence; ability to lift, carry or otherwise move everyday objects; speech, hearing or eyesight; memory or ability to concentrate, learn or understand; or perception of the risk of physical danger.

(If you take medication, treatment or have a prosthesis to manage your condition, would you consider that you had a disability if you were without these? If so, you should answer 'yes' below.)

Yes

No

Do you require a reasonable adjustment for reasons related to a disability to allow you to

(a) attend for interview

Yes

No

If yes, please give details:

(b) undertake the duties of this post, if successful

Yes

No

If yes, please give details:

EDUCATION - Your Results – General Certificate of Education/Leaving Certificate/Senior Certificate/General Certificate of Secondary Education etc. - Please specify

Awarding Body	Subject	Level	Grade	Year	Awarding Body	Secretarial Subjects	Stage	Grade	Year

UNIVERSITY DEGREE(S), DIPLOMAS, TECHNICAL QUALIFICATIONS (OR EQUIVALENT)

Name of Course	Qualification	University/College	Dates	Result

PROFESSIONAL QUALIFICATIONS

Name of Professional Body	Intermediate with date and results	Final with Date and Result	Examinations yet to be taken

EMPLOYMENT HISTORY – PRESENT POST

Employer Name: Period of Notice:

Employer Address: Salary/wage:

Job Dept/Location:

Job Title: Start Date:

Reason for leaving:

Employment Status: Permanent Temporary Agency

Principal Duties of Present Post

TRAINING/CONTINUING PROFESSIONAL EDUCATION

Please give details of any courses you have attended (with dates) and details of training and development received:

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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	Title of Post held and brief description of Duties	Start Date	End Date	Reason for Leaving

Are you currently the subject of a referral to, or an investigation by your professional body?

YES / NO

Have you been involved in 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

INDEPENDENT SAFEGUARDING AUTHORITY

Have you ever been referred to the Independent Safeguarding Authority as a result of misconduct involving children and/or vulnerable adults?

YES / NO

ATTENDANCE RECORD

Numbers of Days absent on sick leave in the past two years: _____

Number of sick leave episodes in the past two years: _____

This information may be subject to verification with your employer

If you have any gaps in your career history, please include and explain these in the box below.

OTHER INFORMATION

Please state why you consider you are suitable for this position and give any additional information you wish to have taken into account in support of your application.

REFEREES

One of whom should be your most recent employer. Under General Data Protection Regulations (GDPR) 2018 you must notified your referees that you will be forwarding their personal details to us and that we will be contacting them.

MOST RECENT EMPLOYER
Name:
Designation:
Address:
Postcode
Email:
Phone:

SECOND REFEREE
Name:
Designation:
Address:
Postcode
Email:
Phone:

WORK AVAILABILITY

What are the maximum hours you are available to work each week? hrs.

Do you prefer: Mornings Afternoons Evenings Nights

It is a requirement that you work alternative weekends. Are you prepared to work alternate weekends? **YES / NO**
PLEASE INFORM INTERVIEWERS OF ANY ANNUAL LEAVE BOOKED

IMMIGRATION**PLEASE COMPLETE THIS SECTION FULLY – FAILURE TO DO SO WILL RESULT IN YOUR APPLICATION BEING REJECTED**

Your eligibility to apply for this position will be determined by your immigration status on the closing date for applications for this post.

1) Are you a United Kingdom (UK), European Community (EC) or European Economic Area (EEA) national?

Please select as appropriate Yes No

2) If not, do you have evidence of entitlement to enter and work permanently in the United Kingdom, i.e. settled status?

Please select as appropriate Yes No

If you have selected NO to either of the above, please mark with a cross those boxes below that define your immigration status and complete start and expiry date of your permit.

PERSONAL STATUS

Tick	Status	Start Date	Expiry Date
	Highly Skilled Migrant Programme (dates of endorsement stamp in passport)		
	Tier 1 – Points based system – no restrictions on working		
	Tier 1 – Points based system – restrictions on working as a trainee		
	Permit Free Training		
	Fresh Talent: Working in Scotland		
	Refugee in the UK		
	Work Permit		
	UK ancestry		
	SWGS/IGS visa holder		
	Student visa holder		
	TWES/MTI visa holder		

DECLARATION

Tick	Status	Start Date	Expiry Date
	Partner/civil partner or spouse of UK/EEA citizen		
	Non EEA national partner/civil partner or spouse of EEA citizen		
	Partner/civil partner or spouse of HSMP holder		
	Partner/civil partner or spouse of Tier 1 – Points based system without restriction		
	Partner/civil partner or spouse of Tier 1 – Points based system with restriction		
	Partner/civil partner or spouse of student visa holder – student visa holder must have 12 months or more visa time		
	Partner/civil partner or spouse of other immigration categories i.e. refugees, work permit holders, overseas government employees, innovators etc		

Declaration

CONVICTIONS AND OFFENCES

Under the Rehabilitation of Offenders (Exceptions) Order Northern Ireland, 1979, North West Care is included in the list of excepted employers. As such, all criminal convictions may never be regarded as spent and must be disclosed when applying for a post. It is therefore necessary to ask the following questions: -

Have you ever been convicted of any criminal offence?

Yes

No

If Yes please list all details of ALL convictions giving as much information as you can, including the offence, the approximate date of the court hearing and the court which dealt with the matter:

Are you currently the subject of police investigations or do you have any prosecutions pending?

Yes

No

List below details of ALL charges, prosecutions, convictions, cautions, bind-over orders – even if they happened a long time ago. You must include any minor matters, any road traffic or motoring offences and any which may be pending:

You cannot regard any conviction as being 'spent' as employment with the North West Care is exempt from the provisions of the Rehabilitation of Offenders (NI) Order 1978. However, you are only required to disclose Convictions that are not considered as 'Protected' under the Rehabilitation of Offenders (Exceptions) (Northern Ireland) Order 1979 as amended in 2014. Convictions, including those that are conflict related, do not necessarily debar an applicant from obtaining employment. All appointments will be made based on the merit principle. A copy of North West Care's Recruitment and Selection Policy and the Criminal Record Procedure and Policy on the Recruitment of Ex-Offenders is available on request from Human Resources.

I have read the information and I am aware that I am required to register online for an Enhanced Disclosure Certificate and when applicable provide identity documentation. I am also aware that if deemed suitable for appointment I will be required to pay an appropriate fee for a criminal record check and that this does not guarantee appointment. I declare that the information I have given is accurate and complete and I understand that any false statements or withholding of any relevant information may provide grounds for the withdrawal of any offer of appointment. If I receive an offer of employment

Signed: _____ Dated: _____

HAVING A CRIMINAL RECORD WILL NOT NECESSARILY DEBAR YOU FROM WORKING WITH NORTH WEST CARE. THIS WILL DEPEND ON THE NATURE OF THE POSITION, TOGETHER WITH THE CIRCUMSTANCES AND BACKGROUND OF YOUR OFFENCES OR OTHER INFORMATION CONTAINED ON A DISCLOSURE CERTIFICATE OR PROVIDED DIRECTLY TO US BY THE POLICE.

POLICIES AVAILABLE ON REQUEST

North West Care have a policy on the Rehabilitation of Offenders and this can be made available. North West Care Policy on Data Protection, Recruitment and Selection, Secure Handling, Use, Storage and Retention of Disclosure Information and Applicant Privacy Notice are available.

North West Care is fully committed to carrying out the criminal records check in accordance with the AccessNI Code of Practice which is available online at <https://www.nidirect.gov.uk/sites/default/files/publications/accessni-code-of-practice.pdf>

RETURN OF COMPLETED FORM AND DECLARATION

When you have completed this application form (including the Equal Opportunities Monitoring Form and the Pre-Employment Disclosure Consent Form) please return it to the address below or email it to personnel2@northwestcareandsupport.com. Please return all sheets of the form whether you have used them or not.

**HR Manager
North West Care
67/69 Main Street
Ballykelly
Limavady
BT49 9HS**

Late applications will not be accepted.

I certify that the information I have provided above is true, complete and correct to the best of my knowledge and I understand that any false statements or the withholding of any relevant information may provide grounds for the withdrawal of any offer of appointment or its immediate cancellation if an appointment has been accepted. I give my consent for North West Care to contact my nominated referees as well as my present and previous employers and to carry out pre-employment checks. I authorise North West Care to contact any external sources necessary to verify the accuracy of information contained within this application form.

Signed: _____ **Dated:** _____

How did you hear about the position?

RECOMMENDED BY A FRIEND – NAME _____

NEWSPAPER ADVERTISEMENT _____

JOB SITE _____

NW CARE WEB PAGE _____

FACEBOOK _____

Applicant Ref:
(for office use only)

EQUAL OPPORTUNITIES

FAILURE TO COMPLETE THIS FORM WILL RESULT IN YOUR APPLICATION BEING REJECTED

- FAIR EMPLOYMENT AND TREATMENT (NI) ORDER 1998
- FAIR EMPLOYMENT (MONITORING) REGULATIONS (NI) 1999 (AS AMENDED)

Fair Employment Monitoring

Please fully complete this section of the form (tick boxes as appropriate)

North West Independent Hospital is committed to equality of opportunity for all staff and job applications. North West Independent Hospital selects those suitable for employment and advancement solely on the basis of merit and is also monitoring its activities to ensure that its equal opportunity policy is effectively implemented. Section 75 of the Northern Ireland Act 1998 requires us to promote equality of opportunity on the basis of all nine categories. To assist in this monitoring process, it is necessary to ask you a number of questions.

1. Date of Birth

<input type="text"/>	<input type="text"/>	<input type="text"/>
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(dd/mm/yyyy)

2. Sex

- Male
 Female

3. Marital Status

- Single
 Married/Civil Partnership
 Widowed
 Separated
 Other

4. Community Background: To demonstrate our commitment to equality of opportunity in employment we need to monitor the community background of applicants and employees, as required by the Fair Employment and Treatment (NI) Order 1998. We therefore ask you to indicate your community background by ticking the appropriate box below. **Please note that it is an offence under the Fair Employment and Treatment (NI) Order 1998 to give false information to North West Independent Hospital.**

- a) I am a member of the Protestant community
 b) I am a member of the Roman Catholic community
 c) I am a member of neither the Protestant nor the Roman Catholic community

5. Ethnic Group

- | | |
|---------------------------------------|---------------------------------------|
| <input type="radio"/> White | <input type="radio"/> Pakistani |
| <input type="radio"/> Indian | <input type="radio"/> Black Caribbean |
| <input type="radio"/> Black | <input type="radio"/> Chinese |
| <input type="radio"/> Indian | <input type="radio"/> Black African |
| <input type="radio"/> Black Other | <input type="radio"/> Bangladeshi |
| <input type="radio"/> Irish Traveller | |

6. Nationality

What do you consider your national identity to be? For example, Irish/British/Polish

Please Specify: _____

7. Sexual Orientation

Under the Employment of Equality (Sexual Orientation) Regulations (NI) 2003 Sexual Orientation means a sexual orientation towards:

- Persons of the same sex (this covers gay men and lesbians)
- Person of the opposite sex (this covers heterosexual men and women)
- Persons of both sexes (this covers bisexual men and women)

Please indicate below in relation to the above definitions your sexual orientation towards someone:

- Of the same sex (this covers gay men and lesbians)
- A different sex (this covers heterosexual men and women)
- Of the same sex and of the opposite sex (this covers bisexual men and women)
- I do not wish to answer the question

8. Disability

The Disability Discrimination Act 1995 states that a person has a disability if he/she has a “physical or mental impairment which has a substantial and long-term adverse effect on a person’s ability to carry out normal day-to-day activities”
Do you consider yourself to be disabled as set out under the Disability Discrimination Act?

Yes No

Please state the type of impairment which applies to you. People may experience more than one type of impairment, in which case you may indicate more than one. If none of the categories apply, please mark ‘Other’ and specify the type of impairment.

Physical Impairment (e.g. Arthritis, Mobility impairment) Sensory Impairment (e.g. Hearing Loss, Visual Impairment)

Learning disability/difficulty (e.g. Dyslexia, Non-verbal disability) Mental Health condition (e.g. Mood disorders, Bipolar)

Long Standing illness (e.g. Autism, Cognitive Disorders)

Other (please specify) _____

9. Dependants/Caring Responsibilities

Do you have personal caring responsibility for the care of any of the following?

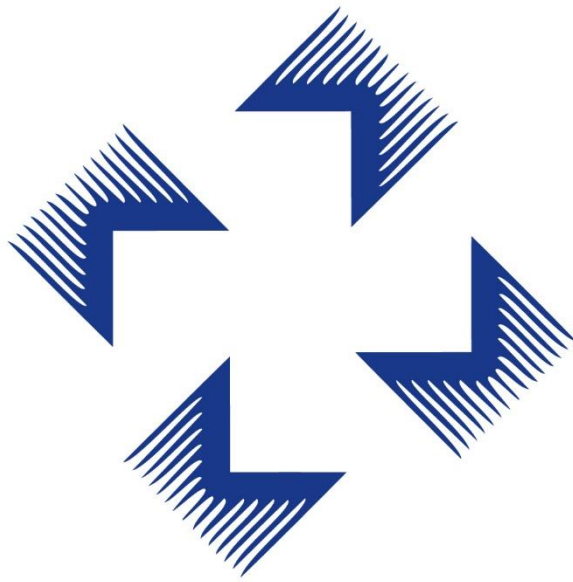
- A child or children A person with a disability
- A dependent or older person None of the above

10. Where did you see the post advertised?

- Jobs and Benefits Office/Website NWC Website
- NWR Agency Social Media

Referred by a friend – Name of Referee - _____

ACCESS TO THIS INFORMATION WILL BE STRICTLY CONTROLLED AND WILL NOT BE AVAILABLE TO THOSE CONSIDERING YOUR APPLICATION FOR EMPLOYMENT.



NW CARE

HEAD OFFICE:

North West Care
67/69 Main Street
Ballykelly
Limavady
BT49 9HS

T: 028 7772 3514

F: 028 7776 7504

E: personnel2@northwestcareandsupport.com

E: info@northwestcareandsupport.com

BELFAST OFFICE:

NW Care
Unit 5 Jennymount Court
North Derby Street
Belfast
BT15 3hn

T: 028 9077 9911

E: hrbelfast@northwestcareandsupport.com

E: info@northwestcareandsupport.com

OMAGH OFFICE:

North West Care
Lissan House
41a Dublin Road
Omagh
BT78 1HE

T: 028 8225 1101

E: personnel2@northwestcareandsupport.com

E: info@northwestcareandsupport.com

ENNISKILLEN OFFICE:

North West Care
Unit 3
48/50 Cornagrade Road
Enniskillen
BT74 6DX

T: 028 6622 8080

E: personnel2@northwestcareandsupport.com

E: info@northwestcareandsupport.com

