

Application Form: Thank you for your interest. This Application Form should be completed in full using **BLACK INK**. Applicants will be assessed only on the information requested in the Application Form. Curriculum Vitae will not be considered. Failure to fully complete the Application Form may cause your application to be rejected.

Job applied for: **Health Support Worker**

## PERSONAL DETAILS

|  |  |
| --- | --- |
| Surname |  |
| First Names |  |
| Title |  |
| Address |  |
|  |
| Postcode |  |
| National Ins No |  |
| Mobile Tel |  |
| Home Tel |  |
| Work Tel |  |

|  |
| --- |
| May we contact you at work? YES / NO |
| Do you have access to transport to meet the needs of the post? YES / NO |
| Do you have a Full Driving License? YES / NO |

**Closing Date Friday 23rd April at 12 noon**

**with Interviews to be held Week Beginning 10th May 2021**

Applications received after the above time will not be considered.

Please return form to: info@colerainesurestart.org.uk

Admin Assistant

Coleraine Sure Start Partnership

34c Society Street

COLERAINE

BT52 1LA Job Reference:\_\_\_\_\_\_\_\_\_

## EDUCATION

a) Please give full particulars of all secondary level educational qualifications.

|  |  |  |  |
| --- | --- | --- | --- |
| Level | Subject Passed | Grade | Year Attained |
|  |  |  |  |

b) Please give full particulars of all further educational qualifications.

|  |  |
| --- | --- |
| Degree/Diploma/Certificate | Month/Year Obtained |
|  |  |

c) Please specify any professional qualifications/memberships obtained including dates awarded.

|  |  |
| --- | --- |
| Name of professional body | Part No. with date and result |
|  |  |

d) Additional qualifications, training etc relevant to this post (with dates).

## MEDICAL HISTORY

1. Please provide brief details an approximate dates of any periods of sickness over the past two years.

b) Do you have a medical condition which may affect your performance in the job? Yes/No

If yes give details.

### EMPLOYMENT HISTORY

Name and address of present employer:

Date appointed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Present salary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Notice Period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal duties of Present Post:

### EMPLOYMENT HISTORY

**PREVIOUS POSTS – starting with the most recent**

|  |  |  |
| --- | --- | --- |
| Dates | Name and Address of Employer | Post |
|  |  |  |

### JOB RELATED EXPERIENCE

Applicants must indicate how their experience to date meets the requirements of the Job Description and fulfils the criteria contained in the Person Specification. Experience gained outside the workplace may be included. Please continue on a separate sheet if necessary.

|  |
| --- |
| **Essential Criteria:**   * 2 years paid employment experience caring for children under four, or providing family support * Evidence of good written and spoken communication skills * IT Skills with the ability to use Microsoft office packages * Access to transport in order to fulfil the requirement of the post   **Desirable Criteria:**   * One year's experience facilitating groups on health related topics eg Swimming, Walking, Baby Massage, Baby Yoga |

REHABILITATION OF OFFENDERS – (NI) ORDER 1978 AND (EXCEPTIONS) ORDER 1979.

Unprejudiced consideration will be given to candidates who declare criminal conviction(s) unless their offence(s) is/are manifestly incompatible with the post in question. Do you have or have ever had any convictions, cautions or bind-over orders in relation to any offence of any kind, which are to date unspent?

Please write “Yes” or “No” \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(Do not leave blank)**

**Note:** Custodial sentences of over 30 months can never become spent.

If you answered “Yes”, please give full details of the offence including the nature of the conviction, dates of conviction and sentence imposed.

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**Note:** that under the 1979 Rehabilitation of Offenders (Exception) Order, as amended by the 1987 Amended Order, an ex-offender must disclose information about current and spent convictions if the post involves access to the young, the old, the mentally or physically disabled or the chronic sick. If you are successful in this application, it may be necessary for a police check to be carried out before appointment can be confirmed. By signing this application for employment, you are agreeing to this check.

**Referees:**

Please give the names and addresses of two persons not related to you from whom references may be sought. One of these **MUST** be your present or most recent employer who is able to comment on your ability to carry out tasks of the position applied for.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby declare that to the best of my knowledge the above information is true and accurate.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE: A CANDIDATE FOUND TO HAVE KNOWINGLY GIVEN FALSE INFORMATION, OR WILFULLY SUPPRESSED ANY MATERIAL FACT, MAY BE LIABLE TO DISQUALIFICATION OR, IF APPOINTED, TO DISMISSAL.**