FOR OFFICIAL USE ONLY		
JOB REFERENCE NO		
APPLICATION NO		



JOB REFERENCE NO			
APPLICATION NO			Bryson House 28 Bedford Street
			Belfast BT2 7FE Northern Ireland
APPLICATION FORM Please complete all sections			Tel: 028 9032 5835 Fax: 028 9043 9156
			e-mail: hr@brysongroup.org www.brysongroup.org
POSITION APPLIED FOR:			
PERSONAL DETAILS:			
Title:	Firs	st name(s):	:
Surname:	Pre	vious Surr	name(s):
Address:			
Postcode:	Τ,	el no.(hom	ne):
Cmail addraga		•	
Email address:	1	el no.(mob)iie):
NI/PPS no.: Are you	currently 6	entitled to	work in UK/Ireland YES NO
Current Driving licence: YES NO) <u> </u>		Access to car: YES NO
EDUCATION:			
Name of Qualification e.g. GCSE,		ate	Qualification attained & level
NVQ, BTEC, LEAVING CERT	From	То	



TRAINING / PROFESSIONAL MEMBERSHIP:

Date of course/membership commenced:		

EMPLOYMENT HISTORY:

Start with your present/most recent position and work backward through your career detailing any gaps in employment.

Dates		Name, address and	Position held & main	Reason for	
From	То	telephone number of employer	responsibilities	leaving	



GENERAL INFORMATION:

Please give additional relevant information in support of your application.

job that you a	details of your s are applying for a	and outlining h	ow you meet ti	he essential cri	teria.



Please give details of any previous voluntary work that you have undertaken:				
CRIMINAL CONVICTIONS (for Careworkers & po All convictions including spent conviction and all per a satisfactory Access NI/Garda Clearance is require	ending prosecutions must be declared. Please note			
Have you ever been cautioned or convicted of pending? (If yes provide details below):	a criminal offence, or any prosecutions YES \(\square\) NO \(\square\)			
Details:				
How much notice are you required to give your	present employer?			
How did you hear about this vacancy?				
REFERENCES: Please give the names and addresses of two p One should be your present employer and the Can we contact your present employer after a	2 nd a previous work reference where possible.			
Name:	Name			
Address:	Address:			
Tel no.	Tel no.			
Occupation:	Occupation:			
Occupation.	Особранот.			
DECLARATION:				
The information that you have provided, which inclu computer and/or held on file under the terms of the legislation.				
I confirm that the information I have given is correct any offer of employment made by Bryson Charitable references.				
I consent to the processing of this information for the employment and agree to personal vetting or other now or in the course of my employment.				
Signature:	Date:			

Bryson Charitable Group is an equal opportunities employer

This application form and all supplementary forms should be returned to: <u>Human Resources</u>, <u>Bryson Charitable Group</u>, <u>28 Bedford Street</u>, <u>Belfast</u>, <u>BT2 7FE</u>

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EQUAL OPPORTUNITIES MONITORING

BRYSON CHARITABLE GROUP IS AN EQUAL OPPORTUNITIES EMPLOYER AND OUR POLICY IS TO ENSURE THAT NO JOB APPLICANT RECEIVES LESS FAVOURABLE TREATMENT ON THE GROUNDS OF RACE, DISABILITY, RELIGIOUS BELIEF, POLITICAL OPINION, GENDER, MARITAL OR FAMILY STATUS, SEXUAL ORIENTATION OR AGE.

UNDER OUR FAIR EMPLOYMENT (NI) ACT 1989, BRYSON CHARITABLE GROUP IS

REQUIRED TO SEEK THI STRICTEST CONFIDENCE) IN THE
THIS SHEET WILL BE DE				NOT BE
ANSWER THE FOLLOWIN	G QUESTIONS BY	TICKING	THE APPROPRIATE BOX	:
1. GENDER:	MALE [] FEMAL	E 🗌	
2. DATE OF BIRTH:				
3. MARITAL STATUS:				
MARRIED SING	BLE			
DIVORCED LEGA				
4. PLEASE INDICATE THE		WHICH YO	OU BELONG:	
I AM A MEMBER OF THE II I AM A MEMBER OF THE II I AM A MEMBER OF NEITH 5. DO YOU SUFFER FE RELEVANT TO YOUR API	ROMAN CATHOLIC HER THE PROTEST ROM ANY DISABI	COMMUN	ROMAN CATHOLIC COM	
YES NO				
NATURE OF DISABILITY _				
WHAT ADJUSTMENTS, IF	ANY, ARE REQUIR	RED?		
6. ETHNIC ORIGIN BLACK AFRICAN CHINESE PAKISTANI OTHER	BANGLADESHI INDIAN WHITE		BLACK CARIBBEAN IRISH TRAVELLER MIXED ETHNIC GROUP	·