FOR OFFICIAL USE OF	NLY
JOB REFERENCE NO	
APPLICATION NO	



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JOB REFERENCE NO	J			
APPLICATION NO	]			Bryson House 28 Bedford Street
				Belfast BT2 7FE Northern Ireland
APPLICATION FORM				Tel: 028 9032 5835
Please complete all sections				Fax: 028 9043 9156
			e-r	nail: hr@brysongroup.org www.brysongroup.org
POSITION APPLIED FOR:				
PERSONAL DETAILS:				
Title:	Firs	st name(s)	:	
Surname:	Pre	evious Suri	name(s):	
Address:				
Postcode:				
1 ostoode.	Т	el no.(hom	ne):	
E 2 11	-	- , , ,		
Email address:	T	el no.(mot	oile):	
		•	oile): work in UK/Ireland	YES NO
NI/PPS no.: Are y		•	•	
NI/PPS no.: Are y	ou currently	•	work in UK/Ireland	
NI/PPS no.: Are y  Current Driving licence: YES   EDUCATION:  Name of Qualification e.g. GCSE,	vou currently	entitled to	work in UK/Ireland	YES NO
NI/PPS no.: Are y  Current Driving licence: YES   EDUCATION:	vou currently	entitled to	work in UK/Ireland Access to car:	YES NO
NI/PPS no.: Are y  Current Driving licence: YES   EDUCATION:  Name of Qualification e.g. GCSE,	vou currently	entitled to	work in UK/Ireland Access to car:	YES NO
NI/PPS no.: Are y  Current Driving licence: YES   EDUCATION:  Name of Qualification e.g. GCSE,	vou currently	entitled to	work in UK/Ireland Access to car:	YES NO
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NI/PPS no.: Are y  Current Driving licence: YES   EDUCATION:  Name of Qualification e.g. GCSE,	vou currently	entitled to	work in UK/Ireland Access to car:	YES NO
NI/PPS no.: Are y  Current Driving licence: YES   EDUCATION:  Name of Qualification e.g. GCSE,	vou currently	entitled to	work in UK/Ireland Access to car:	YES NO
NI/PPS no.: Are y  Current Driving licence: YES   EDUCATION:  Name of Qualification e.g. GCSE,	vou currently	entitled to	work in UK/Ireland Access to car:	YES NO
NI/PPS no.: Are y  Current Driving licence: YES   EDUCATION:  Name of Qualification e.g. GCSE,	vou currently	entitled to	work in UK/Ireland Access to car:	YES NO



#### TRAINING / PROFESSIONAL MEMBERSHIP:

Title of course/membership:	Date of course/membership commenced:

#### **EMPLOYMENT HISTORY:**

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

	ates	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	le details of your are applying for	and outlining h	ow you meet t	he essential cri	teria.



Please give details of any previous voluntary w	ork that you have undertaken:
COMMINIAL CONVICTIONS for Coroworkers 8 p.	
CRIMINAL CONVICTIONS (for Careworkers & pe All convictions including spent conviction and all pe a satisfactory Access NI/Garda Clearance is require	nding 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 NO
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 <sup>nd</sup> a previous work reference where possible.
Name:	Name
Address:	Address:
Tel no.	Tel no.
Occupation:	Occupation:
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, Bryson Charitable Group, 28 Bedford Street, Belfast, BT2 7FE</u>

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JOB REFERENCE NO		
APPLICATION NO		



# **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.

REQUIRED TO SEEK THE INFORMATION BELOW WHICH WILL BE TREATED IN THE STRICTEST CONFIDENCE AND USED FOR MONITORING PURPOSES ONLY.
THIS SHEET WILL BE DETACHED FROM THE APPLICATION FORM AND WILL NOT BE MADE AVAILABLE TO ANYONE OTHER THAN THE MONITORING OFFICER.
ANSWER THE FOLLOWING QUESTIONS BY TICKING THE APPROPRIATE BOX:
1. GENDER: MALE FEMALE
2. DATE OF BIRTH:
3. MARITAL STATUS:
MARRIED SINGLE DIVORCED LEGALLY SEPARATED
4. PLEASE INDICATE THE COMMUNITY TO WHICH YOU BELONG:
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 OR ROMAN CATHOLIC COMMUNITY
5. DO YOU SUFFER FROM ANY DISABILITY OR HEALTH PROBLEM WHICH IS RELEVANT TO YOUR APPLICATION?
YES NO
NATURE OF DISABILITY
WHAT ADJUSTMENTS, IF ANY, ARE REQUIRED?
6. ETHNIC ORIGIN BLACK AFRICAN BANGLADESHI BLACK CARIBBEAN CHINESE INDIAN IRISH TRAVELLER PAKISTANI WHITE MIXED ETHNIC GROUP OTHER