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| **APPLICATION FORM** |
| **Closing Date for receipt of completed applications:****12noon, Thursday 7th June 2018** |
| Please complete this form as **accurately and fully** as possible, with reference to the Job Description and Person Specification provided. **Please read the Guidance Notes provided before completing your application. CVs will not be accepted.**Please ensure sufficient detail is provided to **demonstrate how you meet the eligibility criteria. If the appropriate detail is not provided, e.g. length of experience, dates and examples, your application will not be considered.****Do not exceed the space provided on SECTION 6 –** additional pages or supplementary material will not be considered by the selection panel. |
| **Application for the post of:** | **Ref. No. CARE-CAFF-1-18** |

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| **SECTION 1: PERSONAL DETAILS (Please complete this section in block capitals)** |
| **Surname/Family Name:** | **Initials:** |
| **Address:** |
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|  | **Postcode:** |
| **Telephone No.:** *Home*  *Work* |
| **Email:** |
| **May we telephone you at work? YES/NO** |
| **Do you require a work permit? YES/NO** |
| **Do you have a full, current driving licence? YES/NO***(Will only be considered for relevant posts)* |
| **Details of endorsement(s):** |
| **Are you a car owner or do you have access to a vehicle/transport? YES/NO** |

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| **SECTION 2: EDUCATION AND TRAINING*****List details of relevant qualification in REVERSE order starting with most recent first (i.e. professional qualification, degree, A levels, GCSEs or equivalent, and any other further qualifications). Please clearly demonstrate how you meet the advertised criteria. Only qualifications listed will be taken into account. At offer stage, candidates will be required to provide copies of certificates.*****You may include an additional sheet for this section, if more space is required.**  |
| **FROM****Month Year** | **TO****Month Year** | **TYPES OF EDUCATIONAL ESTABLISHMENT** | **TYPE & LEVEL OF EXAMINATIONS/SUBJECT TAKEN** | **GRADE** |
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| **Please give details of any training/relevant courses attended, with dates.** |
| **COURSE** | **DATES** |
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| **SECTION 3: VOLUNTARY WORK****Please give details of any voluntary work undertaken.** |
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| **SECTION 4: EXPERIENCE****Present/most recent employment.** |
| **NAME & ADDRESS OF EMPLOYER** | **PLACE OF WORK *(if different)*** |
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| **Postcode:** |  |

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| **Position held** |  | **Date appointed** |  |
| **Current hours of work** |  |  |  |
| **Current salary** ***(must be completed)*** |  | **Leaving date** ***(if applicable)*** |  |
| **Notice period required** |  |  |  |

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| **SUMMARY OF MAIN DUTIES AND RESPONSIBILITIES:** |
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| **Reason for leaving/****wishing to leave** |  |

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| **Details of Previous Employment. Start with the most recent and work backwards (do not include present/most recent position).****You may include an additional sheet for this section, if more space is required.** |
| **NAME AND ADDRESS OF EMPLOYER** | **POSITION HELD AND BRIEF DETAILS OF KEY DUTIES** | **APPROX****SALARY** | **LENGTH OF SERVICE****Dates To/From** | **REASON FOR LEAVING** |
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| **Why are you applying for this post?** |
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| **SECTION 5: GENERAL DETAILS** |
| **a) Are you related to any employee or Board member of Clanmil Housing Association Limited?** | **YES/NO** |
| **If YES, please state who and the relationship:** |
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| **During clearance we seek references to cover a minimum of 3 years. If your current referees do not cover three years, we will approach past employers to cover at least this period.** |
| **b) Referees** |
| **1. Present/Most recent Employer** (not a relative or personal friend) | **2. Another work related, academic or character referee** (not a relative or personal friend) |
| **Name:** |  |
| **Position:** |  |
| **Address:**  |  |
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| **Telephone No.:** |  |

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|  | **Please tick box if you do not wish us to contact your referees prior to an offer being made.** |

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| **SECTION 6: ESSENTIAL / DESIRABLE CRITERIA*****The requirements for the post (details of which are on the Person Specification) are listed in this section. Please demonstrate clearly how and to what extent you meet each requirement in the correct section. It is the candidate’s responsibility to clearly demonstrate in the correct section how they meet the criteria to be shortlisted for interview.******Do not continue on additional pages or include any supplementary material – these will not be copied to the Selection Panel and therefore their content will not be considered.*** |
| **Essential Criteria 1. At least 6 months experience working as a Cleaner / Domestic Assistant in a paid or voluntary working environment.** *Please provide specific details of how you meet this criteria in no more than 200 words*. |
| **Desirable Criteria 1.** **Knowledge of COSHH.** *Please provide specific details of how you meet this criteria in no more than 200 words*. |

**I give consent to the processing, for the ‘specified purposes’ of all personal information provided to Clanmil (or Recruitment Agencies acting for Clanmil) in connection with this employment application; and any offer of employment that is taken up by me following the recruitment process.**

**The ‘specified purposes’ are as follows:**

* **Purposes connected with this employment application**
* **Purposes connected with your employment with Clanmil if your application is successful**

**For details on data held on all applicants and employees, you should refer to the Employee Privacy Notice on the Association’s website and intranet.**

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| **I declare that this information is accurate to the best of my knowledge.** |
| **Incomplete applications may not be considered.** |
| **Signed:** | **Date:** |

**CONFIDENTIAL**

**Clanmil Housing Association Equal Opportunities Monitoring Form**

**Reference no: CARE-CAFF-1-18**

**Guidance Notes:**

We are an Equal Opportunities Employer. We aim to provide equality of opportunity to all persons regardless of their religious belief; political opinion; sex; race; age; sexual orientation; or, whether they are married or are in a civil partnership; or, whether they are disabled; or whether they have undergone, are undergoing or intend to undergo gender reassignment.

We do not discriminate against our job applicants or employees on any of the grounds listed above. We aim to select the best person for the job and all recruitment decisions will be made objectively.

In this questionnaire we will ask you to provide us with some personal information about yourself in order to monitor the *community background* and *sex* of our job applicants and employees in order to comply with our duties under the *Fair Employment & Treatment (NI) Order 1998*.

**Community Background:**

Regardless of whether they actually practice a particular religion, most people in Northern Ireland are perceived to be members of either the Protestant or Roman Catholic communities.

**Please indicate the community to which you belong by ticking the appropriate box below:**

I am a member of the Protestant community: 

 I am a member of the Roman Catholic community: 

 I am not a member of either the Protestant or the

 Roman Catholic communities: 

*If you do not answer the above question, or if you tick the “not a member of either” box, we are encouraged to use the residuary method of making a determination, which means that we can make a determination as to your community background on the basis of the personal information supplied by you in your application form/personnel file.*

**Sex:**

**Please indicate your sex by ticking the appropriate box below:**

 Male: 

Female: 

**You are not obliged to answer the remaining questions on this form and you will not suffer any penalty if you choose not to do so.** Nevertheless, we encourage you to answer the questions below to help us promote equality of opportunity.

**Age:**

**Please state your date of birth:**

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Racial Group:**

**Please state your country of birth:**

My country of birth is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please state your nationality:**

My nationality is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please indicate which of the following applies to you:**

White  Chinese 

Irish Traveller  Indian 

Pakistani  Bangladeshi 

Black Caribbean  Black African 

Black Other 

Mixed ethnic group (please state which): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any other ethnic group (please state which): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Marital Status / Civil Partnership Status:**

**Please indicate whether you are married or in a civil partnership by ticking the appropriate box below:**

Are you married or in a civil partnership?

Yes:  No: 

**Disability:**

Under the *Disability Discrimination Act 1995* you are deemed to be a disabled person if you have cancer, multiple sclerosis or HIV infection.

Also, you are deemed to be a disabled person if you have a physical or mental impairment which has a substantial and long-term adverse effect on your ability to carry out normal day-to-day activities.

**Do you consider that you are a disabled person?**

Yes:  No: 

**If you answered “yes”, please indicate the nature of your impairment by ticking the appropriate box or boxes below:**

**Physical impairment**, such as difficulty using

your arms, or mobility issues requiring you to use

a wheelchair or crutches:

**Sensory impairment**, such as being blind or

having a serious visual impairment, or being deaf

or having a serious hearing impairment:

**Mental health condition**, such as depression

or schizophrenia:

**Learning disability or difficulty**, such as

Down’s Syndrome or dyslexia, or **Cognitive impairment**,

such as autistic spectrum disorder:

**Long-standing or progressive illness or health condition**,

such as cancer, HIV infection, diabetes, epilepsy or

chronic heart disease:

**Other** (please specify):

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**Sexual Orientation:**

**Please indicate your sexual orientation by ticking the appropriate box below:**

My Sexual Orientation is:

I am straight: 

I am gay or lesbian: 

I am bisexual: 

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**Dependants / Caring Responsibilities**:

Do you have dependants, or caring responsibilities for family members or other persons?

Yes:  No: 

**If you answered “yes”, are your dependants or the people your look after?**

(Please tick the appropriate box or boxes):

A child or children: 

A disabled person or persons: 

An elderly person or persons: 

Other: 

If “Other”, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Political opinion:**

**Please indicate your political opinion by ticking the appropriate box below:**

My political opinion is:

Unionist: 

Nationalist: 

Other: