**The Link Family and Community Centre**

**APPLICATION FORM**

Please complete in black ink or typescript

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Job Applied for: | Youth Worker with responsibilities towards Young Parent Support (Temporary Maternity cover) | | | |
| Closing Date: | **Thursday 21st October 2021 @ 12 noon.** | | | |
|  |  | | | |
| Mr/Mrs/Miss/Ms/other (please specify) | | |  | |
|  | |  | | |
| Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Postcode \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | |  | | |
| Home Telephone Number  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mobile Number  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Email address  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  National Insurance No  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | |  | | |
| Do you hold a current Full Driving Licence? | | | | Yes/No |
| Do you have access to a car which you can use for work purposes? | | | | Yes/No |
| Do you have a disability which presents special needs at the selection interview? If yes, please give details of how we can help you:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Yes/No |
| Are you legally permitted to work in the UK?  You will be asked to provide proof of this should you be called to interview. | | | | Yes/No |

**QUALIFICATIONS**

**Results in GCE/GCSE(or equivalent)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Subjects Passed** | **Level Attained** | **Grade** | **Year** |
|  |  |  |  |

**Further Education**

|  |  |  |  |
| --- | --- | --- | --- |
| **Degree/Diploma/Certificate course** | **Qualification Attained** | **Grade** | **Year** |
|  |  |  |  |

**Professional Qualifications**

|  |  |  |  |
| --- | --- | --- | --- |
| **Awarding Body** | **Qualification Attained** | **Grade** | **Year** |
|  |  |  |  |

**EMPLOYMENT RECORD**

**Current Employment**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name & Address of present employer** | **Present Post** | **Date Appointed** | **Present salary/wage** | **Period of notice required** |
|  |  |  |  |  |
| Principal duties of present post: | | | | |

**Previous Employment**

**Please list your previous posts beginning with the most recent, showing all periods of employment and unemployment.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name and address of employer** | **Date started** | **Date ended** | **Position held**  **(give brief description of duties and reason for leaving)** |
|  |  |  |  |

**Continue on an additional page if necessary**

|  |
| --- |
| Please state how your experience to date has a bearing on your present application with particular reference to the essential (max 800 words) and desirable(max 500 words) criteria and experience for this post. |

**Continue on an additional page if necessary**

|  |
| --- |
| PLEASE DESCRIBE ANY OTHER ACTIVITIES WHICH MAY BE OF INTEREST IN RELATION TO THIS APPLICATION (FOR EXAMPLE, COURSES ATTENDED, INTERESTS ETC.) |

|  |  |
| --- | --- |
| **Have you ever been convicted, bound over or cautioned in relation to a criminal offence, or are you at present the subject of criminal charges?** | YES/NO |
| **If yes please state the nature and date(s) of the offence (s):**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| (The disclosure of an offence may be no bar to your appointment)  This post will require an Enhanced Disclosure check in terms of the Protection of Children and Vulnerable adults (NI Order 2003, only checks against relevant childcare lists are requested.) | |

**PLEASE NAME TWO REFEREES, AT LEAST ONE OF WHOM SHOULD HAVE KNOWLEDGE OF YOUR PRESENT WORK AND BE IN A SUPERVISORY/MANAGERIAL CAPACITY.**

(Relatives should not be named as referees) They will not be contacted until final stages of interview.

|  |  |
| --- | --- |
| Name  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Name  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Postcode\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Address  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Postcode\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Home Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Home Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Occupation  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Occupation  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Relationship to you  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Relationship to you  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| In what capacity does this person know you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | In what capacity does this person know you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| How long has this person known you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | How long has this person known you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

We reserve the right to request a reference from any previous employer

|  |  |
| --- | --- |
| Do you have any objection to contact being made with your current or previous employer(s)? | YES/NO |
| If yes, please give your reasons for this:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

**DECLARATION BY APPLICANT**

I declare that the information I have given in this application is accurate and correct and I understand that any omissions or false information may provide grounds for the withdrawal of any offer of appointment or its immediate cancellation or termination if an appointment has been accepted or taken up.

SIGNED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return to:

The Link Family and Community Centre

10 West Street

Newtownards

BT23 4EN

**PLEASE HELP US BY ENSURING YOU HAVE COMPLETED THE EQUAL OPPORTUNITIES MONITORING FORM AND ENCLOSE IT WITH YOUR APPLICATION.**

**APPLICATION FORMS RECEIVED AFTER THE NOTIFIED CLOSING DATE AND TIME WILL NOT BE ACCEPTED FOR CONSIDERATION.**

**INCOMPLETE APPLICATION FORMS WILL NOT BE ACCEPTED. Applicants who submit applications electronically will be required to sign a hard copy if shortlisted**

Please indicate how you became aware of this vacancy

(Revised Mar 21)

**Equal Opportunities Monitoring Reference Number YPS/21/**

NON COMPLETION OF THIS FORM WILL RESULT IN YOUR

APPLICATION BEING REJECTED

This form is for statistical purposes only and will not be used for any other purpose. It will not be made available to those involved in the selection and recruitment process.

The Link is fully committed to equality of opportunity for all job applicants regardless of gender, age, disability, race, sexual orientation or religious belief. Applicants for posts are selected solely on the basis of merit.

To ensure that The Link’s Equal Opportunity Policy is effective, it is important that we collect information, for monitoring purposes, on the background of those applying for or taking up employment with the organisation.

To facilitate this process, you are requested to complete the following questionnaire by ticking the appropriate boxes.

1. **SEX:** Male 􀀀 Female 􀀀

2. **MARITAL STATUS:** Single 􀀀 Married 􀀀 Other 􀀀

3. **DISABLILTY:** ‘Disability’ is defined 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, and which has lasted or is likely to last for more than 12 months*.

Do you consider that you have a disability? Yes 􀀀 No 􀀀

4. **RELIGIOUS AFFILIATION:**

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 nor the Roman Catholic Community 􀀀

5. **RACE:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| White | 􀀀 | Black African origin | 􀀀 | Pakistani origin | 􀀀 |
|  |  |  |  |  |  |
| Black Caribbean origin | 􀀀 | Bangladeshi origin | 􀀀 | Mixed ethnic group | 􀀀 |
|  |  |  |  |  |  |
| Chinese origin | 􀀀 | Indian origin | 􀀀 | Irish Traveller Community | 􀀀 |
|  | | | | | |
| Other origin (please specify) | | | | | |