



APPLICATION FORM

IN CONFIDENCE / PLEASE COMPLETE IN BLACK INK OR TYPESCRIPT

POST APPLIED FOR: **ADOPTION SOCIAL WORKER**

HOURS PER WEEK 37.5(Full Time) 30 (4 days equivalent) 22.5(3 days equivalent)

ONLY APPLICATION FORMS CONTAINING ALL THE INFORMATION REQUESTED WILL BE CONSIDERED

THIS FORM SHOULD BE COMPLETED, SIGNED & RETURNED TO: FAMILY CARE ADOPTION SERVICES. 97, MALONE AVENUE. BELFAST BT9 6EQ or EMAILED to mary.foy@familycareadoption.org

BY THURSDAY 30th JUNE 2022 at 4.00PM

Pursuant to Data Protection Act 1998 and GDPR 2018, this information will be retained for 12 months or as part of any employment record with Family Care Adoption Services.

PERSONAL INFORMATION

SURNAME		FIRST OR GIVEN NAMES	TITLE
HOME ADDRESS		HOME TELEPHONE NUMBER	
ADDRESS FOR CORRESPONDENCE (if different)		MOBILE PHONE NUMBER	
EMAIL ADDRESS			
NATIONALITY (Please Tick) EU <input type="checkbox"/> NON EU <input type="checkbox"/> IF NON EU PLEASE SPECIFY		DO YOU HOLD A CURRENT FULL DRIVING LICENCE YES / NO	
REGISTERED DISABLED PERSON		YES / NO	IF YES PLEASE GIVE DETAILS

EDUCATION

RESULTS IN GCE / GCSE / A' LEVEL (or equivalent)			
SUBJECTS PASSED	LEVEL ATTAINED	GRADE	YEAR OBTAINED

FURTHER EDUCATION

DEGREE / DIPLOMA / CERTIFICATE	YEAR OBTAINED	COLLEGE OR UNIVERSITY

PROFESSIONAL QUALIFICATIONS

NISCC Registration Number

NAME OF PROFESSIONAL BODY	YEAR OBTAINED	COLLEGE OR UNIVERSITY

EMPLOYMENT HISTORY

Present Post

NAME & ADDRESS OF CURRENT EMPLOYER	DATE APPOINTED	PRESENT SALARY	PERIOD OF NOTICE
FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>	DEPARTMENT (INCLUDING LOCATION OF POST)		GRADE OF POST

PRINCIPAL DUTIES OF PRESENT POST

EXPERIENCE

Please list your previous posts beginning with your most recent.

EMPLOYER	GRADE	MAIN DUTIES	FROM-Year & Month TO-Year & Month

ANY INTERVENING PERIODS OF UNEMPLOYMENT SHOULD BE ACCOUNTED FOR

PLEASE STATE HOW YOUR EXPERIENCE TO DATE HAS A BEARING ON YOUR PRESENT APPLICATION

A large, empty rectangular box with a thin black border, intended for the applicant to provide a detailed response to the question above.

PLEASE DESCRIBE ANY OTHER ACTIVITIES WHICH MAY BE OF INTEREST IN RELATION TO THIS APPLICATION (E.G. PUBLICATIONS, COURSES ATTENDED, INTERESTS, ETC)

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MEDICAL HISTORY

Please give brief details and approximate dates of any periods of sickness during the past FOUR years

NATURE OF ILLNESS	LENGTH OF ABSENCE

PLEASE NAME TWO REFEREES, AT LEAST ONE OF WHOM SHOULD BE COMPETENT TO COMMENT ON YOUR PROFESSIONAL ABILITY. IF YOU ARE OFFERED THE POST YOUR PRESENT EMPLOYER WILL BE ASKED FOR A REFERENCE (Relatives should not be named as referees)

1.

NAME

DESIGNATION/ OCCUPATION

ADDRESS

CAPACITY KNOWN TO YOU

2.

NAME

DESIGNATION/OCCUPATION

ADDRESS

CAPACITY KNOWN TO YOU

DISCLOSURE OF CONVICTIONS

This post is exempt from the Provisions of the Rehabilitation of Offenders (Exemptions) Order Northern Ireland 1979. You are therefore not entitled to withhold information about any convictions, which for other purposes are regarded as ‘spent’ convictions, under the Provisions of the Order.

It is necessary therefore to ask the questions:

HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OFFENCE? YES / NO

IF YES PLEASE GIVE DETAILS

It should be noted that disclosure of a conviction does not necessarily debar any applicant from obtaining employment

PLEASE PROVIDE ANY ADDITIONAL INFORMATION ON THIS PAGE

DECLARATION

The foregoing particulars are complete and correct to the best of my knowledge and belief.

APPLICANTS SIGNATURE: _____

DATE: _____

A candidate found to have knowingly given false information, or to have suppressed any material fact will be liable to disqualification, or if appointed, to dismissal.