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| **Candidate Reference Number:** | | | | | | | | **ADMMAY25** | | | | | | | | | |
| **JOB TITLE** | | | | | | | | Return to: Links Counselling Service | | | | | | | | | |
| Administrator | | | | | | | | 23a Castle Lane | | | | | | | | | |
|  | | | | | | | | Lurgan | | | | | | | | | |
|  | | | | | | | | BT67 9BD | | | | | | | | | |
|  | | | | | | | | Or email: jane@linkscounselling.com | | | | | | | | | |
| **PERSONAL DETAILS** (Please complete using block capitals and black ink) | | | | | | | | | | | | | | | | | |
| Surname | | |  | | | | | | Forename | | | | | |  | | |
| Address | | |  | | | | | | | | | | | | | | |
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| Home Tel No. | | |  | | | | | | Mobile Number: | | | | | |  | | |
| Email address | | | | | | | | | | | | | | | | | |
| Where did you see this vacancy advertised? | | | | | | | | | | | | | | | | | |
| **CURRENT OR MOST RECENT EMPLOYER** | | | | | | | | | | | | | | | | | |
| Name | |  | | | | | | | | | | | | | | | |
| Address | |  | | | | | | | | | | | | | | | |
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| Postcode | |  | | | | | | | | | | | Tel No | | |  | |
| Position held and brief outline of duties | | | | | | | | | | | | | | | | | |
| Date Started | |  | | | | | | | | | | | Date Left | | |  | |
| Reason for leaving | | | | | | | | | | | | | | | | | |
| Job Title | |  | | | | | | | | | | | Salary | | |  | |
| Notice period (if applicable) | | | | | | | | | | | | | | | | | |
| **PREVIOUS EMPLOYMENT** Please give details of employment (paid or unpaid) over the last 10 years.  **Please give your most recent first** | | | | | | | | | | | | | | | | | |
| Name & Address of Employer and nature of business | | | | Dates of Employment | | | | | | | Position Held | | | | | Reason for leaving | |
| From | | To | | | | |
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| **EDUCATION** Please give details of all qualifications obtained, along with grade and date achieved.  **Please give your most recent first** | | | | | | | | | | | | | | | | | |
| Level:  Second/Further/Higher | | | | | Dates | | | | | | | Course details and exam results | | | | | Date Obtained |
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| **SUPPORTING INFORMATION & EXPERIENCE** (Please ensure when completing this section that you demonstrate that you meet the essential criteria) | | | | | | | | | | | | | | | | | |
| **Tell us how you meet the essential criteria as stated on the job description:** | | | | | | | | | | | | | | | | | |
| **What experience do you have working within a team and what role do you usually take in team environments:** | | | | | | | | | | | | | | | | | |
| **Do you have any knowledge of mental health or interests/hobbies relevant to the organisation or ethos of the organisation:** | | | | | | | | | | | | | | | | | |
| **REFERENCES** Please give details of two referees; one must be your current or most recent Line Manager or School or College. References from family or friends are not acceptable | | | | | | | | | | | | | | | | | |
| **REFERENCE 1** | | | | | | | | | | **REFERENCE 2** | | | | | | | |
| Name |  | | | | | | | | | Name | | | |  | | | |
| Job Title |  | | | | | | | | | Job Title | | | |  | | | |
| Organisation |  | | | | | | | | | Organisation | | | |  | | | |
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| **DATA PROTECTION ACT DECLARATION** | | | | | | | | | | | | | | | | | |
| The information on the application form will be held and processed in accordance with the requirements of the Data Protection Act 1998.  I understand that the information is being used to:   * Process my application for employment/sessional work. * Form the basis of a computerised record on the recruitment system for processing and monitoring purposes. * Form the basis of a manual job file with other application forms and will be used for processing. * If appointed, form the basis of a manual and computerised employment record. | | | | | | | | | | | | | | | | | |
| I declare that the information provided on this form is true and complete to the best of my knowledge and belief. I understand that any false or omitted information may result in dismissal or other disciplinary action if I am appointed.  Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Please note:**  All information received will be dealt with in confidence, consistent with our commitment to safeguard vulnerable adults. | | | | | | | | | | | | | | | | | |
| **DECLARATION OF CONVICTIONS** | | | | | | | | | | | | | | | | | |
| See Google Form link below - Declaration and Consent Form. Please complete and date this declaration before returning your application form:  <https://docs.google.com/forms/d/e/1FAIpQLSelT61XXeThnkXXaJaDvTjznq1C1NXKqud3eBcd8LKhsbAnww/viewform?usp=sf_link> | | | | | | | | | | | | | | | | | |
| **EQUAL OPPORTUNITIES** | | | | | | | | | | | | | | | | | |
| See Google Form link below – Equal Opportunities Monitoring Form. Please complete this monitoring form before returning your application form:  <https://docs.google.com/forms/d/e/1FAIpQLSeKjpF2_c8wRX1v1Gjdf0EcGPQEKGcq5XtQam0Xy7p9GxFglQ/viewform?usp=header>  **NOTE:** *You are not obliged to answer the questions on this form, and you will not suffer any penalty if you choose not to do so.* | | | | | | | | | | | | | | | | | |