# A blue and green logo  Description automatically generated

**APPLICATION FORM**

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| **Post**  | **Shop Assistant** |
| **Closing Date** | 20th May 2025 | Closing Time  | Mid-day |
| **Return Arrangements** | This form should be completed and emailed to: shop@chariscancercare.org |
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**SECTION A – PERSONAL DETAILS**

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| (Dr/Mr/Mrs/Ms/Miss)*(delete as appropriate)*  | Forename(s) | Surname |
| Address |
|  | Postcode |
| Contact Email Address | Daytime Contact Number(s)(i)(ii) |
| Are you free to remain in and take up employment in the UK? Yes ⬜ No ⬜ |

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| **Disability** |
| In accordance with the Disability Discrimination Act, a person is disabled if they have, or have had, “a physical or mental impairment which has, or has had a substantial and long-term adverse effect on their ability to carry out normal day to day activities”.  |
| Do you have a disability that requires reasonable adjustments to be made if you are called for interview or assessment?  | Yes ⬜ No ⬜ |
| If you consider yourself to have a disability please provide any relevant information about requirements that you may have so that reasonable arrangements can be made for your attendance at interview (if short-listed). |
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| Charis Cancer Care and Friends of Charis, as part of its Equal Opportunities Policy, welcomes applications from people with disabilities. |

**SECTION B – QUALIFICATIONS & EXPERIENCE**

**Your application will be based solely on the basis of the information you provide in your application form. We do not accept CVs. Members of the shortlisting panel, cannot make assumptions about your skills, qualifications or experience.**

1. **Essential Requirements - Please explain how you meet the essential requirements of this post. You should refer to the job description and person specification to understand the requirements of this post. (500 word limit)**

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**(2) Desirable Requirements - Please explain how you meet the desirable requirements of this post. You should refer to the job description and person specification to understand the requirements of this post. (500 word limit)**

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**(3) Education/Qualifications – Please provide details of relevant qualifications, date obtained, grade achieved and awarding body.**

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**(4) Any additional Information – please use this space if you wish to add anything further in support of your application that you haven’t already included in previous questions. (300 word limit).**

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**5. Employment History – please provide details of previous employment, starting with your current or most recent job. (use an additional A4 page if required)**

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| **Employer** | **Your role**  | **Brief description of duties** | **Dates****From To**  | **Reasons for leaving** |
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| **Transport**  |
| Do you hold a current driving licence | Yes ⬜ No ⬜ |
| Do you have access to a car or other suitable form of transport if necessary to meet the essential requirements of the post? | Yes ⬜ No ⬜ |
| How did you hear about this post? (tick all that apply) | NI JobFinderCommunity NISocial MediaJob CentreOther (please state) |

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| **References** |
| Please give the names and addresses of two referees, one of whom should be able to comment on your suitability for this role. Prior consent of referees should be obtained. References must not be submitted with this form. When a conditional offer of employment is made, Friends of Charis will seek references from current/most recent employer for all posts involving ‘regulated activity’. |
| Referee 1 | Referee 2 (current/most recent employer) |
| Name:Organisation: Address:Telephone Number:Capacity in which you (the referee) know this person: | Name:Organisation:Address:Telephone Number:Capacity in which you (the referee) know this person: |
| Position Held: | Position Held: |
| Email Address: | Email Address: |
| **Please note -** Any family member or person involved in the recruitment process for the post for which you are currently applying cannot act as a referee. |

**SECTION C – APPLICANT DECLARATION**

**Please tick to confirm.**

[ ]  I have read the Job Description relating to the position. I declare that the information contained in this form is true and accurate. I understand that falsification of information could result in disqualification or dismissal.

[ ]  I understand that this post is (or may be) exempt from the provisions of the Rehabilitation of Offenders (NI) Order 1978. In the event of my application being successful, I consent to a check being made by Access NI, a single history disclosure body, to determine if there is any record of criminal convictions, pending prosecutions, cautions or bind-over orders against me.

[ ]  I understand that the information on this form is required by the Group for the purposes of processing my application. The information is covered by the provisions of the Data Protection Act 1998. I understand that by completing this declaration I am indicating my authorisation for the Group to process and retain the information for the purposes stated including approaching my current/ most recent employer for a reference in the event of my being recommended for appointment.

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| Signature |  | Date |  |