APPLICATION FORM



Job applied	Service Manager	Job Reference	SM 05/25
for:			

Application Forms received after the closing date will not be considered. Applicants should please note that the interview panel reserves the right to enhance the shortlist criteria in the event of there being a large number of applications.

Section 1	Personal Deta	ails		
Last Name:		First Name:		
Address:				_
				\dashv
		1		
Postcode:				
Home Telephone №:				
Daytime Telephone №:				
Mobile Telephone №:				
E-mail address:				
Can we contact you at v	vork? Yes	No 🗌		
•				
Are you free to remain a the UK with no current			No	
Have you ever been dis employment?	missed from any	Yes	No	
<u>Driving Licence</u> – if rele			No	

Section 2 Present Employment

Present Employin	ient (if now unemployed (give details of last employer)	
Name of Employer	:		
Address:			
Postcode:			
Post Title:			
Date of Appointme	unt.	Salary:	
Department / Section		sumry:	
Brief description o			
brief description o	- udites.		
		Last day of service	
Period of Notice:		(if no longer employed):	
Reason for leaving (if no longer employed)	l ed):		
(

Section 3 Previous Employment

Previous Employment (most recent employer first). Please supply **FULL** employment history and state nature of the business/work and detail any gaps in employment.

Name of Employer:			
Address:			
	Postcode		
Dates & Position Held			
Summary of duties:			
Reason for leaving:			
Name of Employer:			
Address :			
Dates &			
Position Held:			
Summary of duties:			
Reason for leaving:			
Name of Employer:			
Address:			
	Postcode		
Dates & Position Held:			
Summary of duties:			

Section 4 Education

Qualifications obtained from Schools, Colleges and Universities. Please list highest qualification first:

College or University	Course	Qualifications/ grades obtained	Dates Mth/Yr
School	Subjects	Qualifications/ grades obtained	Dates Mth/Yr

Continue on a separate sheet if necessary

Professional Membership or Qualifications

Please give details:

Professional Membership or Qualifications	Date obtained

Section 5 Training and Development

Please give details of any training and development courses or non-qualifications courses which support your application. Include any on the job training as well as formal courses:

Title of Training Programme/Course/Workshop	Continue on a separate sheet if necessary

Continue on a separate sheet if necessary

Section 6 Criteria

Explain how you satisfy the essential/desirable job criteria for this post. These are listed in the Personnel specification for the post. Please ensure you give dates where requested.

Criteria 1: Educated to degree level or have 4 years relevant experience successfully managing a team. (Pleas details of your experience managing a team and dates).	e provide
details of your experience managing a team and dates).	
	Max words [350]
Criteria 2 : Experience of direct line management. Please give number of persons you managed and examples of management.	of your line
	Max words [350]
Criteria 3: Experience and proficient with administrative systems including use of databases and Microsoft Of	fice.
	Max words [350]

Criteria 4: Experience in working with statutory and voluntary agencies.	
	Max words [350]
	max norde [eee]
Outtoute Francisco (Control of the Control of the C	
Criteria 5: Ability to effectively lead, inspire and guide a team towards success.	
	Max words [350]
	max merae [eee]
Criteria 6: Ability to plan, manage, monitor and self-motivate and to build good working relationships with indiv	riduals and
organisations.	
	Max words [350]
	[000]

Section 7 Disability Discrimination Act

This Act protects people with disabilities from unlawful discrimination. We actively encourage applications from people with disabilities. The Disability Discrimination Act defines a disabled person as someone who has a physical or mental impairment which has a substantial and adverse long term effect on his or her ability to carry out normal day to day activities.

Do you have a disability which is relevant to your application? Yes No
If yes, please give details:
We will try to provide access, equipment or other practical support to ensure that people with disabilities can compete on equal terms with non-disabled people.
Do we need to make any specific arrangements in order for you to attend the interview?
If yes, please give details:
Section 8 Health
Successful applicants may be required to attend a medical examination prior to being appointed.
Number of days sickness absence in the last 2 years:
Please state number of occasions in the last 2 years:

Section 9 References

Please give the names and addresses of two people who are willing to be your referees.

Referee 1: Your most recent employer.

Referee 2: If you have previously worked in a charity role please supply a referee from this employer, otherwise it should be someone who has a professional or community position and has known you personally for at least 3 years. *They should not be members of your family*.

	Referee 1 (work)		Referee 2 (other)	
Name:			Name:		
Position (job title):			Position (job title):		
Work Relationship:			Work Relationship:		
Organisation:			Organisation:		
Address:			Address:		
	Postcode			Postcode	
Telephone №:			Telephone №:		
E-mail:			E-mail:		
Please provide a	ı professional em	ail address for pro	ofessional reference	es	
Are you willing for referee to be apprior to the interv	proached Yes	No	Are you willing for referee to be appr prior to the intervie	oached Yes	No

Section 10 Declaration

Answer	YES	NO	(Please circle)
f yes, please giv	re details:		
I hereby certi	fy that:		
emplo	ment health assessment,	nt is subject to receipt of satisfactor the verification of qualifications rec appropriate Access NI disclosure ch	uired for the post (as per
_	Code of Practice and has a Policy on t	u from working with PIPS Charity. Please be advised he recruitment of ex-offenders, copies of which are	-
All the	information given by me	on this form is correct to the best	of my knowledge
• All que	estions relating to me hav	re been accurately and fully answe	ered
 I have descri 		n prepared to accept the position	as set out in the job
	nd and accept that any fals It dismissal if I am successf	ification of information in respect of tuliful in obtaining the post.	his application may lead to
		Date:	
Signed:		Date:	

Completed Application Forms along with the Monitoring Form should either be emailed to liz@pipscharity.com or sent by post, or delivered by hand to:

PIPS 279 Antrim Road Belfast BT15 2GZ