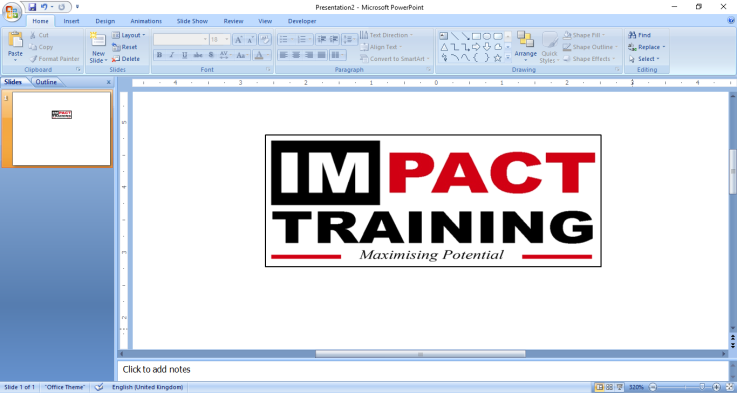
**** **APPLICATION FORM**

**POST APPLIED FOR**

|  |  |  |  |
| --- | --- | --- | --- |
| POST TITLE |  | Painting & Decorating Technician | |
|  | | | |
| POSITION TYPE |  | Full Time  Part Time |
| Please Tick | | |

**PERSONAL DETAILS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| FIRST NAME |  |  | | |  | SURNAME | |  |  | | | | |
|  |  |  | | |  |  | | | | | |  |  |
| ADDRESS |  |  | | | | | | | | | | | |
|  | | |  |  |  |  | | | | | |  |  |
|  | |  | | | | |  | | **POST CODE** | | |  |  |
|  | | |  |  |  |  | | | | | |  |  |
| CONTACT NUMBER | | |  |  |  | EMAIL ADDRESS | | | |  |  | | |

**ATTAINMENT Include any qualifications at L2, and above, which you feel are relevant to your application.**

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| --- | --- | --- |
| **QUALIFICATION TITLE** | LEVEL/GRADE ACHIEVED | **DATE** |
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**COURSE CURRENTLY BEING UNDERTAKEN**

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| **COURSE TITLE / LEVEL** | EXPECTED COMPLETION DATE |
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**PROFESSIONAL BODY MEMBERSHIP If you are a member of a professional body, please provide details**

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| **PROFESSIONAL BODY** | **MEMBERSHIP TYPE** | **EXPIRY DATE (If applicable)** |
|  |  |  |
|  |  |  |
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**PRESENT OR LAST EMPLOYMENT**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| EMPLOYER NAME | | | |  | |  | | | | | | | | | | | | | | | | | | |
|  | |  |  | | | | | | | |  | |  | | | | | |  | |  | | | |
| ADDRESS | |  |  | | | | | | | | | | | | | | | | | | | | | |
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|  | | |  | | | | | | | | | | | |  | | **POST CODE** | |  | |  | | | |
|  | |  |  | | | | | | | |  | |  | | | | | |  | |  | | | |
| POSITION HELD/TITLE | | | | | | | |  |  | | | | | | | | | | | | | |
|  | |  | |  | | | | | | | |  | |  | | | | | |  | |  | | |
| OUTLINE DUTIES/RESPONSIBILTIIES IN THE POST | | | | | | | | | | | | | |  | |  | | | | | | | | |
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| **DATE APPOINTED** | | | | | | | | | PRESENT SALARY | | | | | | | | **PERIOD OF NOTICE REQUIRED** | | | | | |
|  | | | | | | | | |  | | | | | | | |  | | | | | |

**EMPLOYMENT HISTORY Please list previous positions you have held, with a brief description of duties & dates.**

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| **EMPLOYER/COMPANY** |  |  |  | **BRIEF DESCRIPTION OF** |
|  |  |  |  | **EMPLOYMENT/WORK EXPERIENCE** |
| **JOB TITLE** |  |  |  |  |
|  |  |  |  |
| **START DATE** |  |  |  |
|  |  |  |  |
| **END DATE** |  |  |  |
|  |  |  |  |
| **REASON FOR LEAVING** |  |  |  |

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| --- | --- | --- | --- | --- |
| **EMPLOYER/COMPANY** |  |  |  | **BRIEF DESCRIPTION OF** |
|  |  |  |  | **EMPLOYMENT/WORK EXPERIENCE** |
| **JOB TITLE** |  |  |  |  |
|  |  |  |  |
| **START DATE** |  |  |  |
|  |  |  |  |
| **END DATE** |  |  |  |
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| **REASON FOR LEAVING** |  |  |  |

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| --- | --- | --- | --- | --- |
| **EMPLOYER/COMPANY** |  |  |  | **BRIEF DESCRIPTION OF** |
|  |  |  |  | **EMPLOYMENT/WORK EXPERIENCE** |
| **JOB TITLE** |  |  |  |  |
|  |  |  |  |
| **START DATE** |  |  |  |
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| **END DATE** |  |  |  |
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| **REASON FOR LEAVING** |  |  |  |

Continue on separate sheet if required

**ESSENTIAL REQUIREMENTS**

**Please demonstrate how you meet the ESSENTIAL requirements of this post.**

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Continue on separate sheet if required

**DESIRABLE REQUIREMENTS**

**Please demonstrate how you meet the DESIRABLE requirements of this post.**

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Continue on separate sheet if required

**HOBBIES/INTERESTS**

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Continue on separate sheet if required

**ANY OTHER INFORMATION**

**Please use this space to provide any other information you wish to add to your application**

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**MEDICAL HISTORY**

**Please give details and durations (approx.) of all periods of sickness/absence over the past 3 years of your employment up to the date of this application.**

|  |  |  |
| --- | --- | --- |
| **NATURE OF ABSENCE/SICKNESS** | **DURATION (Days)** | **DID YOU CONSULT A DOCTOR?** |
|  |  | **YES**  **NO** |
|  |  | **YES**  **NO** |
|  |  | **YES**  **NO** |
|  |  | **YES**  **NO** |
|  |  | **YES**  **NO** |

Continue on separate sheet if required

**CAUTIONS, REHABILITATION & CRIMINAL RECORDS**

**Due to the nature of the work for which you are applying, this post is exempt from the provisions of Section 5(2) of the Rehabilitation of Offenders (Northern Ireland) order 1978, by virtue of the Rehabilitation of Offenders (Exemptions) Order (Northern Ireland) 1979, amended 2014, which means that convictions that are not protected under the terms of the Rehabilitation of Offenders (Northern Ireland) Order 1978 must be disclosed, and will be taken into account in deciding whether to make an appointment. Any information will be completely confidential and will be considered only in relation to this application.**

**Due to the nature of our business, you are required to submit to a Criminal Records check. Any disclosure made will remain strictly confidential.**

|  |  |
| --- | --- |
| 1. Do you authorise us to obtain any necessary information in connection with this application for employment? | **YES**  **NO** |
| 1. Have you ever had any convictions that are not “protected” as defined by the Rehabilitation of Offenders (Exemptions) (Northern Ireland) Order 1979 as amended in 2014? | **YES**  **NO** |

**If YES, Please give details below:** *(please note that a criminal record will not necessarily be a bar to obtaining a position)*

|  |
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Continue on separate sheet if required

**SPECIAL REQUIREMENTS (CARE SECTOR)**

**Because this position involves the care of children and/or vulnerable adults, employment is dependent on the following:**

1. **Your written consent to obtain a disclosure of the criminal records including any convictions that are spent under the terms of the Rehabilitation of Offenders (NI) Order 1978.**
2. **Such disclosure being acceptable to us.**
3. **Proof of identity - birth or marriage certificate (where appropriate) and passport (if applicable)**
4. **Two satisfactory written references.**
5. **That you will supply a photograph of yourself for retention in your records.**
6. **Evidence of physical or mental suitability for your work.**

|  |  |
| --- | --- |
| 1. Is there any statutory reason that would bar you from working in Impact Training NI Limited given that we are a proscribed organisation providing regulated activity by way of vocational training for children and vulnerable adults? | **YES**  **NO** |

**If YES, Please disclose:**

|  |
| --- |
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Continue on separate sheet if required

**REFEREES**

**Please name 2 referees, one of whom should be a current or most recent employer, who should have knowledge of your performance in a working/academic capacity.**

|  |  |  |
| --- | --- | --- |
|  | **REFEREE 1** | **REFEREE 2** |
| **NAME** |  |  |
| **ADDRESS** |  |  |
| **CONTACT NO** |  |  |
| **POSITION** |  |  |

**DECLARATION**

1. **I hereby declare that the information given on this application is to the best of my knowledge, true and correct. I also agree that any misrepresentations by me will lead to the disqualification of this application, the withdrawal of any offer of employment or my employment being terminated without any obligation or liability to the Company other than for services rendered.**
2. **Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission to contacting your doctor. I agree that the organisation reserves the right to require me to undergo a medical examination. In addition, I agree that this information will be retained in my personnel file during employment and up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.**
3. **I agree that my previous employers may be approached. I also agree that should I be successful in this application, I will, if required, apply for a full disclosure of criminal records, including any spent convictions. I understand that should I fail to do so, or should the disclosure or reference not be satisfactory, any offer of employment may be withdrawn or my employment terminated.**

Note: Impact Training Ltd adheres to the Access NI Code of Practice and a copy of this Code can be made available to applicants upon request. ([www.dojni.gov.uk.index/accessni](http://www.dojni.gov.uk.index/accessni)).

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Applicant)

|  |  |
| --- | --- |
| **Completed Applications to arrive no later than:** | 12 noon Friday 4th July 2025 |

Please remember to complete your Monitoring Form and return to gfox@impactraining.com.