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|  Candidate Ref Number \_\_\_/\_\_\_/ \_\_\_ BRAIN INJURY MATTERS (NI) APPLICATION FOR EMPLOYMENT |

Applications must be completed in type font to enable clear photocopying.

**POSITION APPLIED FOR:** **Children &** **Youth Practitioner**

(Four-month post subject to securing ongoing funding)

**LOCATION:** **Head Office based in Belfast but will include travel to other**

 **areas within Northern Ireland**

Closing date: Monday 21st July 2025 (9 am)

Interview date: Monday 28th July (Brain Injury Matters, Castlereagh Road)

Interview content: Interview questions with seen presentation (provided in advance)

**PERSONAL INFORMATION**

|  |  |  |
| --- | --- | --- |
| Surname | Forenames | Title (Dr, Mr, Mrs, Miss etc) |
| Surname at birth, if different | Maiden Name (If applicable) | National Insurance (NI) Number |
| Place of birthTown/City  |  Country  |
| Address where we can contact youPostcode Telephone Number  Mobile Number  e-mail  | \*Are you subject to immigration restrictions within the United Kingdom? Yes No  if yes, please use this space to tell us about it |
| \*Full UK driving Licence Yes NoUse of a car Yes No(or other mobility arrangements to facilitate the travelling requirements of the post)  |
| If you have lived at any other addresses in the last 5 years, please submit them on an additional sheet |
| Disability is defined as “any physical or mental impairment which has a substantial and long-term effect on a person’s ability to carry out normal day-to-day activities and which has lasted or is likely to last for more than 12 months”.Do you consider that you have a disability? Yes \_\_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_\_If so, do you require any arrangements to assist you if called for interview? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_If yes, please state the arrangements which will be needed for you to attend. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

\*Delete as appropriate

 **REFEREES**

Please give the names of two referees to whom we can apply for references relevant to your professional life. Please note that

we require a reference from your most recent employer.

**Please do not provide personal referees**.

|  |  |
| --- | --- |
| Name: Business Address: Postcode Tel No Fax No: e-mail: How long has the above known you, and in what capacity?  | Name: Business Address: Postcode Tel No: Fax No: e-mail: How long has the above known you, and in what capacity?  |

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| When would you be available to take up this post should you be successful? |

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| **Criminal Convictions**Have you ever been convicted of a criminal offence or are there any charges outstanding?Yes No if yes, please give full details. You need not include motoring convictions unless your driving licence has a current endorsement as a result, and you need not include convictions which are “spent” under the Rehabilitation of Offenders (NI) Order 1978. |

 **EDUCATIONAL INFORMATION AND PROFESSIONAL QUALIFICATIONS**

 Please tell us about your secondary education and professional qualifications, beginning with the most recent.

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| --- | --- | --- | --- | --- | --- |
| Dates**From To**  | Name of School,**College**, **University** | Type of Qualificatione.g. GCSE | Levele.g. “O” or  “A” Level | Full Title of Subject Taken and ExaminingBoard | Grade/Mark/**Qualification gained** |
|  |  |  |  |  |  |  |

Please tell us about any professional memberships, other relevant training or courses you have attended.

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| --- | --- | --- | --- |
|  **Date** |  **Course Title** |  **Awarding Body** |  **Provider** |
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EMPLOYMENT HISTORY

 Please give brief details of all full and part time work, including any periods of self-employment or Volunteer activity to cover

 the last 10 years relevant to the role applied for.

Please use this space for your current employer.

|  |  |  |  |
| --- | --- | --- | --- |
| Name, address and**business of present** **employer** |  DatesFrom To |  Current Job title and nature of work  | Reason for wishing to leave, final / current**salary & benefits** |
|  |  |   |  |  |

**Employment History Continued:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name, address and**business of previous** **employers (most recent****first)** |  DatesFrom To |  Job title and nature of work  | Reason for leaving, final**salary / benefits** |
|  |  |  |  |  |

 STATEMENTS IN SUPPORT OF YOUR APPLICATION

**This section will provide us with specific information about your suitability for the post.**  **Please refer to the**

**“Person Specification” and read the “Candidate Information” before completing.**

 With specific reference to the information as noted above please provide clear details and examples,

 including dates, from your past experience, to indicate how you can demonstrate the skills required for this position.

 Please restrict attachments to no more than one A4 page.

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**General Information**

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| Where did you see this post advertised? |

**DECLARATION – TO BE COMPLETED BY ALL APPLICANTS**

**The details given on this application form are correct to my knowledge and belief. I understand that the data I have given will be checked against various data sources to confirm my identity, the data will be processed and hereby give permission for my details to be retained. I also understand that my application may be rejected or my employment may be terminated for withholding relevant details or giving false information**.

SIGNTAURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Once completed please return your Application by post marked private and confidential to:**

**Fiona Hendren**

**Brain Injury Matters (NI)**

**Suite 5c Stirling House**

**Castlereagh Business Park**

**478 Castlereagh Road**

**Belfast**

**BT5 6BQ**

**or can be submitted electronically to:** **fiona@braininjurymatters.org.uk**

***To arrive no later than – Monday 21st July 2025 (9 am)***

***Please note interviews will be held Monday 28th July 2025 in-person at Brain Injury Matters***

**Proof of posting is not accepted as proof of receipt.**

**If you require acknowledgment of receipt of your application form, please enclose an SAE.**

**Thank you for your interest in Brain Injury Matters (NI)**