

Post Applied For:

Post Number:

Now Project Job Application Form

Closing Date:

Interview Date:

THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE.

Section 1 Personal details

Last Name:

First Name:

Address:

Postcode:

Home Telephone N^o:

National Insurance N^o:

Letters	Numbers	Letter
<input type="text"/>	<input type="text"/>	<input type="text"/>

Daytime Telephone N^o:

Mobile Telephone N^o:

E-mail address:

Can we contact you at work? Yes No

Are you free to remain and take up employment in the UK with no current immigration restrictions? Yes No

Driving Licence – if relevant to post applied for. Do you hold a full, clean driving licence valid in the UK? Yes No

If you are successful you will be required to provide relevant evidence of the above details prior to your appointment.

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Section 2 Present Employment

Present Employment (If now unemployed give details of last employer)

Name of Employer:

Address:

Postcode:

Post Title:

Date of Appointment: Salary:

Department / Section:

Brief description of duties:

Continue on a separate sheet if necessary

Period of Notice: Last day of service (if no longer employed):

Reason for leaving (if no longer employed):

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Section 3 Previous Employment

Previous Employment (most recent employer first).
Please cover the last 10 years and state nature of business.

Did you receive any redundancy payment or retirement benefit? Yes No

Name of Employer:

Address:

Postcode

Position Held:

Summary of duties:

Reason for leaving:

Name of Employer:

Address:

Postcode

Position Held:

Summary of duties:

Reason for leaving:

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Name of Employer:

Address:

Position Held:

Summary of duties:

Continue on a separate sheet if necessary

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Section 4 Education

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

College or University	Course	Qualifications and grades obtained
School	Subjects	Qualifications and grades obtained

Continue on a separate sheet if necessary

Professional, Technical or Management Qualifications

Please give details

College or University	Course

Membership of any Professional / Technical Associations- Please state level of Membership:

Continue on a separate sheet if necessary

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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 or Course	Duration of Course

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Section 6 Personal Statement

Abilities, skills, knowledge and experience.

Please use this section to address in detail how your experience meets each of the criteria detailed in the Job Description and Personnel Specification. If you are or have been involved in voluntary/unpaid activities, please also include this information. Attach and label any additional sheets used.

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Section 7 Rehabilitation of Offenders Act (1974)

Do you have any convictions that are unspent under the Rehabilitation of Offender's act 1974?

If yes, please give details / dates of offence(s) and sentence:

Section 8 Protecting Children and Vulnerable Adults

The following information may be required if the post you are applying for has a requirement for a Criminal Records Bureau police check. (See Guidance Notes).

Enhanced Checks Only (refer to Job Application Pack)

Are you aware of any police enquiries undertaken following allegations made against you, which may have a bearing on your suitability for this post?

Yes

No

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Section 9 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. (See Guidance Notes).

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? Yes No

If yes, please give details:

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Section 10

Health

Number of days sickness absence in the last 2 years:

Please state number of occasions in the last 2 years:

Section 11

References

Please give the names and addresses of your two most recent employers both of which should be in a line management position (if applicable). If you are unable to do this, please clearly outline who your references are.

Reference 1

Name:

Position (job title):

Work Relationship:

Organisation:

Address:

Postcode

Telephone N^o:

E-mail:

Reference 2

Name:

Position (job title):

Work Relationship:

Organisation:

Address:

Postcode

Telephone N^o:

E-mail:

Are you willing for this referee to be approached prior to the interview? Yes No

Are you willing for this referee to be approached prior to the interview? Yes No

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Statement to be Signed by the Applicant

Please complete the following declaration and sign it in the appropriate place below. If this declaration is not completed and signed, your application will not be considered.

I acknowledge that NOW is under a duty to protect the public funds it administers and to this end I agree it may use information provided on this form for prevention and detection of crime and it may share this information with other bodies solely for these purposes. I hereby give consent to such collection, storage and processing of my personal data and I agree that the information given on this form may be used for data registration purposes.

I hereby certify that:

- all the information given by me on this form is correct to the best of my knowledge
- all questions relating to me have been accurately and fully answered
- I possess all the qualifications which I claim to hold
- I have read and, if appointed, am prepared to accept the conditions set out in the conditions of employment and the job description.

Signed:

Date:

(NB. Candidates selected for interview will normally be notified within three weeks of the closing date. Unfortunately applicants who do not hear from NOW must conclude that their application has been unsuccessful on this occasion. Thank you for your interest in this post. If you would like to know if we have received your application form please enclose a stamped addressed post card.

NOW undertakes that it will treat any personal information (that is data from which you can be identified, such as your name, address, e-mail address etc) that you provide to us, or that we obtain from you, in accordance with the requirements of the Data Protection Act 1998.

If you are returning this form by email, you will be asked to sign your application at interview.

RETURNING THIS FORM



By Hand or Post:
Office Manager
NØW Project
428 Springfield Road
Belfast
BT12 7DU

By E-Mail:
admin@nowproject.co.uk

Enquiries:
02890436400

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Equality Monitoring Form

Please tick the boxes that apply to you.

Gender

Male	Female
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Community Background

Catholic	Protestant	Other
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Ethnic Origin

White	Black Caribbean	Black African	Black Other	Indian	Pakistani
Chinese	Bangladeshi	Irish Traveler	Any Other	Mixed Other	Not known / Provided

Sexual Orientation

Heterosexual	Bisexual	Gay or Lesbian	Not Given
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Marital Status

Single	Married	Cohabiting	Separated	Divorced	Widowed	Other:
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Caring Responsibility / Dependants

None	Own Children	Other:
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Disability

Under the Disability Discrimination Act 1995, a disability is defined as, "a physical or mental impairment which has a substantial and long-term effect on you ability to carry out normal day to day activities".

Yes	No
Nature of Disability:	

Age Band

16 – 20	21 – 30	31 – 40	41 – 50	51 – 60	61 - 65
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Monitoring information is required for statistical purposes only, please ensure that your form is returned in a separate envelope marked "Monitoring Officer".

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