|  |  |
| --- | --- |
| For official use only Job Reference No:  |  |
| Applicant Reference No:  |  |
| Date Received: |  |



# Part A

# Application for the post of:

**Training Coordinator**

**NB. Both Part A and Part B of this application form MUST be completed and signed by the applicant before this application can be considered. Please do not substitute applications with a ready made Curriculum Vitae.**

**Completed, signed applications can be hand-delivered, posted or emailed to reception@womensaidni.org.**

**Completed applications MUST arrive no later than 4pm on Monday 27th August 2018.**

**LATE APPLICATIONS WILL NOT BE ACCEPTED**

**If there is not enough space at any section, please continue on a separate page if required indicating your name and the job reference number.**

**Please complete the form in TYPED FORMAT or CAPITAL LETTERS and BLACK INK.**

**Only Part B of this application will be made available to the short-listing and interview panel.**

***In order to comply with the Safeguarding Vulnerable Groups (Northern Ireland) Order 2007 Women’s Aid Federation Northern Ireland are required to explore the successful candidate’s suitability to work with vulnerable adults and children through ACCESS NI pre-employment screening. A copy of the Access NI code of practice is available at www.nidirect.gov.uk/publications/accessni-code-practice***

 ***Information Retention:***

***Information and records relating to staff, volunteers and women using the services will be stored securely and will only be accessible to authorised staff.***

***Information will be stored for only as long as it is needed or required statute and will be disposed of appropriately. The organisation’s Data Retention Matrix provides guidelines on storage and disposal of information. A copy of our policy matrix is avaiavle upon request.***

**Warning**

Only applications which contain all the requested information including the Equal Opportunities Monitoring Form will be considered. **Information in support of your application will not be accepted after the closing date for receipt of applications.**

A candidate found to have given false information or wilfully to have suppressed any material fact will be liable to either disqualification or, if appointed, to dismissal.

**Personal Details**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. | Surname |  |  | 2. | Mr/Mrs/Miss/Ms/Dr |  |
| 3. | Forenamesin full |  |  | 4. | Maiden Name(if applicable) |  |
|  |  |  |  |  |  |  |

**Notice Requirement**

If appointed, how much notice would you require before taking up appointment?

**REFERENCES**

Please nominate two people who can provide references, one of whom should be your present / most recent employer.

|  |  |
| --- | --- |
| **1. Present/most recent employer** | **2. Second referee** |
| NAMERELATIONSHIP  | NAMERELATIONSHIP |
| ADDRESSEMAIL TEL NO: | ADDRESSEMAILTEL NO: |

**Declaration**

The particulars given by me in this application are true and accurate to the best of my knowledge and belief.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please send this completed application form in hard copy only together with the Equal Opportunities Monitoring Form to:

 **The Monitoring Officer**

 **Women’s Aid Federation**

 **129 University Street**

 **Belfast**

 **BT7 1HP**

|  |  |
| --- | --- |
| Job Reference No |  |
| Applicant Reference No |  |



# EQUAL OPPORTUNITIES MONITORING FORM

|  |
| --- |
| **PLEASE ENSURE THAT YOU COMPLETE THIS EQUAL OPPORTUNITIES MONITORING FORM**Access to the information provided will be strictly controlled and will not be available to those considering your application for employment. Monitoring will involve the use of statistical summaries of information in which the identities of individuals will not appear. The information will not be available for any purpose other than equal opportunities monitoring.  |

|  |  |
| --- | --- |
| **DATE OF BIRTH** |  |

**Please tick the appropriate box**

|  |
| --- |
| **GENDER** |
| Are you:  | Male  |  |  |  | Female |  |  |  |

|  |
| --- |
| **DO YOU HAVE ANY CARING RESPONSIBILITIES?** |
| Children |  | Relative(s) |  | Other |  | None |  |

|  |
| --- |
| COMMUNITY BACKGROUNDThe Fair Employment and Treatment (Northern Ireland) Order 1998 outlaws discrimination on the basis of religious belief or political opinion. The information below is required in connection with the requirements of the above Order. The use and confidentiality of Community Background information is protected by the Fair Employment and Treatment (Northern Ireland) Order 1998. It will be used only for monitoring the effectiveness of Women’s Aid Federation Northern Ireland equal opportunity policy and to comply with obligations relating to monitoring, investigations or proceeding under the requirements of the Fair Employment and Treatment (Northern Ireland) Order 1998.  |
| I have a Protestant community background |  |
| I have a Roman Catholic community background |  |
| I have neither a Protestant nor a Roman Catholic background |  |

|  |
| --- |
| **RACE**The Race Relations (Northern Ireland) Order 1997 makes it unlawful to discriminate in employment on grounds of colour, race, nationality or ethnic or national origins. Women’s Aid Federation Northern Ireland monitors its workforce in line with recommended good practice. |
| **Please tick appropriate box**Are You:  |
| White |  | Of Black African Origin |  |
| Of Black Caribbean Origin |  | Of Bangladeshi Origin |  |
| Of Chinese Origin |  | Of Indian Origin |  |
| Of Pakistani Origin |  | Of Other Origin (please specify) |  |
| Are you a member of a mixed ethnic group? | YES |  | NO |  |
| Are you a member of the Irish Traveller Community? | YES |  | NO |  |

**DISABILITY GUIDANCE NOTES**

**Guidance Notes in Completing the Disability section of your equal opportunities monitoring form -** (please ensure you read this section carefully **before** completing this section of your monitoring form).

**INFORMATION FOR APPLICANTS**

The Disability Discrimination Act 1995 (DDA) supports the rights of disabled people. The Act makes it unlawful to discriminate against disabled people and requires employers to make what are referred to as ‘reasonable adjustments’ to prevent disadvantage to a disabled person at work. Such adjustments may, where practical, range from modification to premises through to changes in working arrangements or the provision of special equipment.

The DDA defines disability as a physical or mental impairment which has a substantial and long term adverse effect on a person’s ability to carry out normal day to day activities.

A long term effect of an impairment is one which has lasted, or can reasonably be expected to last at least 12 months. Where an impairment stops having a substantial adverse effect on a person’s ability to carry out normal day-to-day activities, it will be treated as continuing to have that effect if it is likely to recur.

Apart from the use of spectacles or contact lenses to correct sight, the effect of treatment or correction on an impairment should be ignored. For example, in the case of someone with diabetes, whether or not the effect is substantial will depend on what the condition would be if he or she was not taking medication.

Anyone who was registered as a disabled person under the Disabled Persons (Employment) Act (Northern Ireland) 1945 both on 12 January 1995 and 2 December 1996 will be treated as being disabled under the DDA 1995 for three years from the latter date.

The guidance which follows contains examples of conditions which might give rise to particular categories of disability. You may feel that the suggested category is inappropriate in your case. For example, you may have a condition which is shown here as being likely to give rise to physical co-ordination difficulties, whereas in your opinion the resultant disability is more appropriately described under reduced physical capacity. In such cases you should choose the category which seems most suitable to you.

**Hearing impairment**:

For example, being deaf or hard of hearing. If you wear a hearing aid which brings your level on a par with the average you are still considered to have a disability.

**Visual impairment**:

For example, being registered blind or partially sighted. If your sight is corrected by the use of spectacles or contact lenses this is not considered a disability.

**Speech impairment**:

For example, being unable to speak, or having difficulty in speaking.

**Mobility impairment**:

For example, being able to walk only limited distances; having difficulty walking other than slowly or with unsteady movements; having difficulty sitting, standing, bending or reaching; having difficulty climbing stairs, or using a normal means of transport; needing to use a walking stick, crutches or wheelchair.

**Physical co-ordination difficulties**:

This relates to balanced and effective interaction of body movement, including hand and eye co-ordination, and might include, for example, problems of manual dexterity and of muscular control, eg incontinence, epilepsy, Parkinson’s disease.

**Reduced physical capacity**:

This includes debilitating pain and lack of strength, breath, energy or stamina, such as might arise, for example, from cardiovascular conditions, asthma, diabetes. It may also result from progressive conditions, eg muscular dystrophy, cancer, multiple sclerosis, HIV/AIDS. (The DDA provides for people with these progressive conditions to be regarded as having a disability as soon as impairment arising from the condition has some effect on the ability to carry out normal day-to-day activities. The effect does not have to be continuous or substantial.)

|  |
| --- |
| **Severe disfigurement**: Examples of disfigurements include scars, birthmarks, limb or postural deformation or diseases of the skin. **Learning difficulties:** For example, reading or writing with difficulty. Includes the mental ability to perceive physical danger. **Mental illness:** For example, having schizophrenia, clinical depression, severe phobias.  |
| The Disability Discrimination Act 1995 makes it unlawful for an employer to treat a disabled person less favourably than someone else because of their disability, unless there is a good reason. |
| Do you consider yourself to have a disability? | YES |  | NO |  |
| Under the Disability Discrimination Act 1995, disability is defined as:“A 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”. |
| Using this definition do you consider yourself to have a disability? | YES |  | NO |  |
| If you have answered “no” please ignore the remaining questions in this section.If you have answered “yes” please complete the remaining section. |
| Hearing Impairment |  | Reduced Physical Capacity |  |
| Visual Impairment |  | Severe Disfigurement |  |
| Speech Impairment |  | Learning Difficulties |  |
| Mobility Impairment |  | Mental Illness/Mental Health Difficulty |  |
| Physical Co-ordination Difficulties |  |  |  |
| Do you require any arrangements to assist you if called for interview? |
| Yes |  | No  |  |
| If yes, please state the arrangements needed for you to attended.  |
|  |
|  |
|  |
|  |

**Criminal Convictions**

**Have you ever been convicted of a criminal offence or are there any charges outstanding?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Yes** |  |  | **No** |  |

|  |
| --- |
| **If so, 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 (see Table of Rehabilitation Periods for Guidance).** |

**TABLE OF REHABILITATION PERIODS**

**The table below outlines the rehabilitation periods after which many of these sentences will be considered “spent”. This means you are able to answer “no” if you are asked about a criminal conviction or record - unless the job being applied for is an “excepted” one. The job to which this application form relates is not an “excepted” one.**

**A copy of our Recruitment of Ex-Offenders Policy is available upon request.**

**Custodial sentences of over 2.5 years can never become spent.**

|  |  |
| --- | --- |
|  | **Rehabilitation Period** |
|  | **Aged 17****or Over****Upon Conviction** | **Aged****under 17****Upon Conviction** |
| **Prison (immediate or suspended sentence) or young offender institution: more than 6 months but less than 2.5 years** | **10 years** | **5 years** |
| **Prison (immediate or suspended sentence) or young offender institution: 6 months or less** | **7 years** | **3.5 years** |
| **Fine or community service order** | **5 years** | **2.5 years** |
| **Absolute discharge** | **6 months** | **6 months** |
| **Probation, supervision, care-order, conditional discharge or bind-over** | **1 year or until order expires (whichever is longer)** |
| **Attendance Centre Order** | **1 year after the Order expires** |
| **Hospital Order (with or without restriction)** | **5 years or 2 years after the order expires (whichever is longer)** |

**Health Declaration**

 Following the introduction of the Disability Discrimination Act 1995, employers must ensure that employment practices are not discriminatory and that reasonable adjustments are made to the workplace to overcome the effects of disability. In order to help us in this process, applicants must provide the following information, but in doing so should also be aware that answering “yes” to any of the following questions does not necessarily exclude them from the recruitment process, but may require them to provide further information.

|  |
| --- |
| 1. Do you suffer from any medical condition or disability which: (a) may prevent your regular attendance at work, or your ability to give effective service over a period of up to one year? Yes No  If yes, please give details: (b) may have a health and safety implication for carrying out the job for which you are being considered, e.g. fits, fainting attacks, blackouts or epilepsy? Yes No  If yes, please give details:2. Have you been retired on medical grounds from employment? Yes No  If yes, please give details:3. Do you suffer from any medical condition or disability which you would like the employer to take into account when considering your application? Yes No  If yes, please give details: |

**It may be a condition of any offer of employment to undergo a medical examination.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Are you entitled to work in the UK?** | **Yes** |  | **No** |  |

**This page has been left intentionally blank.**



**APPLICATION FOR EMPLOYMENT**

**PART B**

JOB APPLIED FOR:

**1.0 PERSONAL INFORMATION**

|  |
| --- |
| NAME:  |
| ADDRESS FOR COMMUNICATION: PERMANENT ADDRESS (if different from above):EMAIL ADDRESS: **E:** Please tick this box if you are agreeable to receiving correspondence regarding your application by email instead of by post. **(Please ensure you regularly check the email address provided).**  |
| contact details: **(please tick preferred method of contact.)**  |
| TELEPHONE NO(s) Home (please include STD Code):  Work (please include STD Code):  May we phone you at work? **YES/NO** (Calls to business numbers will be made discreetly). Mob:  |
| **Availability for Interview**Please provide any dates on which you would NOT be available for interview. **Where possible**, these dates will be avoided:  |
|  |

**2.0 EDUCATION**

Please provide details of any qualifications you have obtained below. The successful applicant will be appointed subject to evidence provided for qualifications outlined as a requirement for the post.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Year | Examining Body  | Level of Qualifications Obtained | Subject and modules studied  | Marks or grade  |
|  |  |  |  |  |

**PROFESSIONAL DEVELOPMENT**

Please provide details of any additional qualifications, training completed (eg. in-service courses) and professional memberships which you feel are relevant for the post you are applying for. The successful applicant will be appointed subject to evidence provided for professional development outlined as a requirement for the post.

|  |
| --- |
|  |

**3.0 EMPLOYMENT**

3.1 Present or most recent post

|  |  |
| --- | --- |
| **Job Title** | **Employer & Nature of Business** |
|  |  |
| Current Salary | Benefits, Pension |
|  |  |

Period of Employment

From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.2 Please describe briefly your main areas of responsibility:

|  |
| --- |
|  |

**4.0 PREVIOUS POSTS**

|  |  |  |  |
| --- | --- | --- | --- |
| **From/To**  | **Name and Address of Employer**  | **Position Held**  | **Main Duties**  |
|  |  |  |  |

**5.0 OTHER RELEVANT EXPERIENCE**

 Please indicate any other experience which is relevant to the post, eg. unpaid work, voluntary activities, representation on committees.

|  |
| --- |
|  |

**As part of the application process, you are required to provide specific examples of how you meet the essential and desirable criteria outlined in the Person Specification. This information will facilitate the short-listing process. Please ensure that you complete the form in as much detail as possible. Failure to provide sufficient information/detail may mean that your application will not be shortlisted, due to a lack of information. (Please continue on separate page if required indicating your name and the job reference number).**

**6.0 Essential Criteria**

|  |
| --- |
|  |

**6.1 Desirable Criteria**

**Please ensure that you complete the form in as much detail as possible. Failure to provide sufficient information/detail may mean that your application will not be shortlisted, due to a lack of information. (Please continue on separate paper if required indicating your name and the job reference number).**

|  |
| --- |
|  |

**6.2 Why have you applied for this post?**

|  |
| --- |
|  |