

APPLICATION FORM

77 Eglantine Avenue
Belfast
BT9 6EW
028 90 663566

Primecareni.com
primecareservice@btconnect.co.uk

POSITION APPLIED FOR

FULL TIME PART-TIME DAYS & EVENINGS OVER NIGHTS
HOURS SITS

PERSONAL DETAILS

FIRST NAME SURNAME

ADDRESS

Postcode

MOBILE NUMBER HOME TELEPHONE

EMAIL ADDRESS

NATIONAL INSURANCE NUMBER

DO YOU HOLD A FULL & CURRENT DRIVING LICENCE? YES NO

DO YOU HAVE A CAR FOR WORK? YES NO

DO YOU HAVE 'BUSINESS USE' CAR INSURANCE? YES NO

DO YOU NEED A WORK PERMIT TO WORK IN THE UK? YES NO

IF YES, PLEASE DETAIL CURRENT STATUS OF WORK PERMIT/VISA & REGISTRATION STATUS WITH HOME OFFICE

EDUCATION

SCHOOL/COLLEGE

SUBJECT

LEVEL

GRADE

YEAR

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YOU CANNOT LEAVE THIS SECTION BLANK

COMPLETE EMPLOYMENT HISTORY (FROM 18 YEARS OLD)

NAME & ADDRESS OF EMPLOYER	POSITION HELD	DUTIES/ RESPONSIBILITES	REASON FOR LEAVING	EMPLOYED FROM: MONTH & YEAR	EMPLOYED TO: MONTH & YEAR
1, (MOST RECENT OR CURRENT JOB)				____/____	____/____
2,				____/____	____/____
3,				____/____	____/____
4,				____/____	____/____
5,				____/____	____/____

PLEASE CONTINUE ON A BLANK SHEET OF PAPER IF NECESSARY & ATTACH WITH THIS FORM. WE REQUIRE ALL EMPLOYMENT HISTORY FROM YOU WERE 18 YEARS OLD. ANY GAPS IN EMPLOYMENT MUST BE FILLED IN ON PAGE 5.

PLEASE NOTE ACCURATE EMPLOYMENT DATES MUST BE FILLED IN INCLUDING THE YEAR AND MONTH

CURRENT EMPLOYMENT

I AM NOT CURRENTLY EMPLOYED

PLEASE GO TO THE NEXT SECTION

NAME & ADDRESS OF EMPLOYER

JOB TITLE

LOCATION

SALARY

START DATE

NOTICE PERIOD

BRIEF DESCRIPTION OF DUTIES

PERFORMANCE

HAVE YOU EVER BEEN DISMISSED FROM ANY EMPLOYMENT? Y

N

(if YES detail below)

GAPS IN EMPLOYMENT

IT IS REQUIRED THAT ANY GAPS IN EMPLOYMENT ARE RECORDED.

I HAVE NO GAPS IN EMPLOYMENT

I HAVE GAPS IN MY EMPLOYMENT

DATE FROM

DATE TO

REASON FOR GAP IN EMPLOYMENT

ADDITIONAL INFORMATION

REFERENCES

ONE REFERENCE MUST BE FROM YOUR **MOST RECENT EMPLOYER**. FRIENDS OR RELATIVES CANNOT NOT BE USED.

COMPANY NAME:

ADDRESS:

TEL NO :

EMAIL:

2ND REFERENCE

NAME/COMPANY:

POSITION:

ADDRESS:

TEL NO:

EMAIL:

3RD REFERENCE

NAME/COMPANY:

POSITION:

ADDRESS:

TEL NO:

EMAIL:

I AGREE FOR MY REFERENCES TO BE CONTACTED IF I AM SUCCESSFUL IN MY APPLICATION
PLEASE NOTE REFERENCES WILL ONLY BE CONTACTED AFTER A SUCCESSFUL INTERVIEW

AMMENDMENTS/CHANGES TO APPLICATION FORM

(OFFICE USE ONLY)

Large empty rectangular area for entering amendments or changes to the application form.

SIGN:

Empty rectangular box for the signature.

DATE:

Empty rectangular box for the date.

FURTHER DETAILS

HOW DID YOU HEAR ABOUT THIS VACANCY? (PLEASE CIRCLE)

JOBCENTRE

GEMS

OUR WEBSITE

COMMUNITY NI

WORD OF

OTHER:

NEXT OF KIN NAME

RELATIONSHIP TO YOU

NOK ADDRESS

NOK TEL NO.

PLEASE CONFIRM ANY REGISTRATION WITH ANY REGULATORY BODIES (E.G. NISCC)

REGISTERED

YES

NO

NAME OF REGISTERED BODY

DATE OF REGISTRATION

ACCESS NI CHECK

Rehabilitation of Offenders (NI) Order 1978 & Rehabilitation of Offenders (Exceptions) Order 1979. By virtue of the Rehabilitation of Offenders (exceptions) Order 1979 and because of the nature of the work for which you are applying, this post is exempt for the previous of Article 5 of the Rehabilitation of Offenders (N.I.) Order 1978.

Accordingly you are not entitled to withhold information about convictions which you would otherwise be considered as “spent” under the provisions of the 1978 Order. Failure to disclose such information could result in termination of an offer of employment. **A more detailed guide to the Order is available from the Northern Ireland Office.**

The post for which you have applied involves a substantial access to vulnerable children and adults. Before appointing anyone to such a post, it is our policy to ask for an enhanced check with barred list to be carried out by Access NI. The purpose of the check is to make sure that people not appointed who might be a risk to vulnerable children and adults.

The check will then let us know whether you have a criminal record, or whether Access NI holds any other information about you which might have a bearing on your suitability. Any information which we receive will be treated confidentially, and will be discussed with you before we make a final decision. A criminal record will not necessarily be a bar to obtaining a position. Prime Care has a Recruitment of Ex Offenders Policy which is available on request. AccessNI’s Code of Practice, setting out these arrangements, is available at <https://www.nidirect.gov.uk/publications/accessni-code-practice>

We only ask for the check if your application is successful and we are thinking of appointing you. However you must tell us now if you have ever been convicted of a criminal offence, or cautioned by police, or bound over. You must include all offences, even minor matters eg motoring offences and “spent” convictions, that is, things which might have happened a long time ago. If you leave anything out it may affect your application. Please note that if you do not consent to an Access NI enhanced with barred list check, we will not accept your application.

DO YOU HAVE ANY PROSECUTIONS PENDING?

YES

NO

HAVE YOU EVER BEEN CONVICTED AT A COURT OR CAUTIONED BY THE POLICE FOR ANY OFFENCE?

YES

NO

HAVE YOU EVER BEEN INVOLVED IN AN ABUSE CASE, OR HAVE YOU EVER BEEN INVOLVED IN A POLICE INVESTIGATION REGARDING ABUSE?

YES

NO

IF YES, PLEASE DETAIL BELOW ALL PENDING PROSECUTIONS, CONVICTIONS, CAUTIONS OR BINDOVER ORDERS. INCLUDE AS MUCH INFORMATION AS POSSIBLE INCLUDING DATES AND THE OFFENCE AND COURTS INVOLVED.

IS THERE ANY REASON YOU CANNOT WORK WITH VULNERABLE CHILDREN OR ADULTS?

I UNDERSTAND & CONSENT TO AN ACCESS NI DISCLOSURE CHECK THAT MUST BE CARRIED OUT BEFORE MY APPOINTMENT CAN BE CONFIRMED. I AM AWARE THAT SPENT CONVICTIONS MAY BE DISCLOSED. I DECLARE THAT THE INFORMATION IN THIS APPLICATION IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT WILL FALSIFYING OR SUPPRESSING INFORMATION MAY MAKE ME LIABLE FOR DISQUALIFICATION FROM APPLICATION PROCESS OR DISMISSAL FROM EMPLOYMENT. I UNDERSTAND TRAINING IS NOT AN OFFER OR GUARANTEE FOR WORK AND WILL NOT BE PAID.

SIGNATURE:

DATE: