Post Applied For:		Post Numb	er:		
Now F	Project Job	Applic	ation Fo	orm	
Closing Date:		Interviev	v Date:		
THE INFORMATION Y	OU SUPPLY ON THIS	S FORM WILL	BE TREATED IN	I CONFIDENCE.	
Section 1	Personal de	etails			
Last Name: Address:		First	Name:		
Postcode: Home Telephone N°: Daytime Telephone N°: Mobile Telephone N°:		National Insu		Numbers	Letter
E-mail address: Can we contact you at work? Are you free to remain and to the UK with no current immiged Driving Licence – if relevant Do you hold a full, clean driv UK?	ake up employment in gration restrictions? to post applied for.	Yes Yes	No No		
If you are successful you verto your appointment.	vill be required to pro	ovide relevant	evidence of the	above details p	rior
Issue Date: Nov 10			Doc F	Ref No: HRFORM	19

Application Form

Issue By: PH

Location: Central Server

Page 1 of 12

Section 2 Present Employment

Present Emplo	yment (If now	unemployed give details	of last emp	ployer)
Name of Emplo	oyer:			
Address:				
Postcode:		Salary	r:	
Post Title:				
Start Date:			End Date	e:
Department / S	ection:		-	
Brief descriptio				
Continue of	n a separate sh	neet if necessary		
Period of N	otice.		l ast da	ay of service
r chod or re	otice.			onger employed):
December	Januina -			
Reason for (if no longe	r employed):			
(1.0 .0.1gc				
Janua Data N				Day Dath, UDEODAY
Issue Date: No)V 1U			Doc Ref No: HRFORM19
Issue By: PH		NSOW		Location: Central Server
		Enabling People with Learning O	sabilities	Dog 2 of 42
		Application Form		Page 2 of 12

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	Start Date:	End Date:	
Position Held:				
Summary of duties:				
Reason for leaving:				
Name of Employer: Address:				
	Postcode	Start Date:	End Date:	
Position Held:				
Summary of duties:				
Reason for leaving:				

Issue Date: Nov 10

Issue By: PH



Application Form

Doc Ref No: HRFORM19

Location: Central Server

Page 3 of 12

,				
Name of Employer:				
Address:				
Address.				
	Postcode	Star	t Date:	End Date:
Position Held:				
Position neid.				
Summary of duties:				
Reason for leaving:				

Issue Date: Nov 10

Continue on a separate sheet if necessary

Issue By: PH



Doc Ref No: HRFORM19

Location: Central Server

Page 4 of 12

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

Issue Date: Nov 10

Issue By: PH



Doc Ref No: HRFORM19

Location: Central Server

Page 5 of 12

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.

Duration of Course

Issue Date: Nov 10

Issue By: PH



Application Form

Doc Ref No: HRFORM19

Location: Central Server

Page 6 of 12

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.			

Issue Date: Nov 10

Issue By: PH



Doc Ref No: HRFORM19

Location: Central Server

Page 7 of 12

Section 7 Rehabilitation of Offenders Act (1974)

If you are shortlisted and selected for interview you will be requested to declare if you have any convictions under the Rehabilitation of Offender's Act 1974

Section 8 Protecting Children and Vulnerable Adults

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

Issue Date: Nov 10

Issue By: PH



Application Form

Doc Ref No: HRFORM19

Location: Central Server

Page 8 of 12

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?

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?

If yes, please give details:

Issue Date: Nov 10

Issue By: PH



Application Form

Doc Ref No: HRFORM19

Location: Central Server

Page 9 of 12

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 Reference 2 Name: Name: Position (job Position (job title): title): Work Work Relationship: Relationship: Organisation: Organisation: Address: Address: Postcode Postcode Telephone N°: Telephone N°: E-mail: E-mail: Are you willing for this Are you willing for this referee to be referee to be approached prior to Yes approached prior to Yes No No the interview? the interview?

Issue Date: Nov 10

Issue By: PH



Application Form

Doc Ref No: HRFORM19

Location: Central Server

Page 10 of 12

Section 13 Declaration

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 maybe 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. I 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

Issue Date: Nov 10

Issue By: PH



Application Form

Location: Central Server

Doc Ref No: HRFORM19

Page 11 of 12



ref:

Equality Monitoring Form

Please tick the boxes that apply to you.

	_		_1	_	
G	e	n	а	e	r

Male	Female

Community Background

Catholic Protestant Other

Ethnic Origin

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

Sexual Orientation

Het	erosexual	Bisexual	Gay or Lesbian	Not Given

Marital Status

Single	Married	Cohabiting	Separated	Divorced	Widowed	Other:	1
							l

Caring Responsibility / Dependants

None	Own Children	Other:
------	--------------	--------

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

Monitoring information is required for statistical purposes only, please ensure that your form is returned in a separate envelope marked "Monitoring Officer".

Issue Date: Nov 10

Issue By: PH

Location: Central Server

Page 12 of 12

Application Form