O`Connor Gateway Trust

Job Application Form



# Please complete in black ink or typescript

|  |  |
| --- | --- |
| Application for the post of |  |
| Where did you see the post advertised? |  |

## Personal Details

|  |  |  |  |
| --- | --- | --- | --- |
| Last Name |  | Previous Name |  |
| First Name(s) |  | | |

|  |  |
| --- | --- |
| Permanent Address |  |
|  |  |
|  |  |
|  |  |
| Postcode |  |

|  |  |
| --- | --- |
| Daytime Phone No. |  |
| Evening Phone No. |  |
| Email address |  |

|  |  |
| --- | --- |
| NI No. |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Do you have a current UK driving licence? | | Yes |  | No |  |
| Do you have use of a car? | | Yes |  | No |  |
| Do you have any penalty points on your licence? | | Yes |  | No |  |
| If so how many? |  | | | | |

The Equality Act defines a person as having a disability if he/she has ‘a physical or mental impairment which has a substantial and long term adverse effect on his or her ability to carry out normal day to day activities’

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Do you consider yourself to have a disability? | Yes |  | No | |  |
| If you are called to an interview are there any arrangements we can make for you? | | | | Yes No | |

|  |
| --- |
| If Yes, please outline your requirements |
|  |

# Present or Most Recent Employment

|  |  |
| --- | --- |
| Name |  |
| Address |  |
|  |  |
|  |  |
|  |  |
| Postcode |  |
| Telephone Number |  |

|  |  |
| --- | --- |
| Job Title |  |
| Current Grade/Salary |  |

|  |
| --- |
| Brief Description of Main Duties & Responsibilities |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date Started |  | | Date Leaving/Left (if applicable) |  |
| Reason for Leaving | |  | | |
| Notice Period | |  | | |

# History

Please give details of your employment history since leaving full time education, you should include details of times when you were not in paid employment such as raising children, voluntary work and periods of unemployment. If necessary please use an additional sheet.

|  |  |  |  |
| --- | --- | --- | --- |
| Name and Address of Employer | Date from | Date To | Post held, brief description of duties and reason for leaving |
|  |  |  |  |

# Education and Training

# Professional Qualifications

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Professional Association | Membership Type & Number if applicable | State whether by Award or Examination | Date  Awarded |
|  |  |  |  |

# Other Training/Courses

Please list, most recent first, any relevant courses or training you have attended in the last 5 years indicating the date of attendance. Continue on a separate sheet if necessary.

|  |  |  |
| --- | --- | --- |
| Title of Course/Training | Body Delivering Training | Date Attended |
|  |  |  |

# Education

Starting with the most recent, please give details of secondary, further and higher education qualifications achieved. Continue on a separate sheet if necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Qualification | Subject | Grade |
|  |  |  |  |

# Additional Information

In support of your application, please give your reasons for applying for this post and include any supporting information in particular experience, skills and knowledge that you believe will be relevant to the post. Please continue on a separate sheet if necessary.

|  |
| --- |
|  |

# Sickness Absence Details

Please note that in accordance with the Data Protection Act 1998, all personal sensitive information given will only be used in connection with this application process.

Please give details of sickness absence in the last 24 months

|  |  |  |  |
| --- | --- | --- | --- |
| Number of Days |  | Number of Periods |  |
| Reason (s) for absence (s) | | | |
|  | | | |

|  |  |
| --- | --- |
| Have you had any major operations in the last 24 months? |  |
| If yes please give details | |
|  | |

# References

Please provide the names and addresses of two referees who can comment on your experience and qualifications for the post applied for. One should relate to your current or most recent employment (or a member of your educational establishment staff who will know you).

|  |  |  |
| --- | --- | --- |
|  | Referee 1 | Referee 2 |
| Name |  |  |
| Position |  |  |
| Address |  |  |
|  |  |  |
|  |  |  |
| Postcode |  |  |
| Tel. No. |  |  |
| Email Address |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you happy for us to approach your referees at this stage? | Referee 1 |  | Referee 2 |  |

# Rights to Works

|  |  |
| --- | --- |
| Are you a British subject or a national of any EU country? | |
|  | |
| If not, do you have the right to work in the UK and a current work permit? | |
|  | |
| If so, please state the expiry date of your right to work in the UK and/or your work permit. |  |

# Rehabilitation of Offenders Act 1974

This post is covered by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended). All criminal convictions, cautions and bind overs must be declared regardless of when they occurred. **This will be kept completely confidential and will not necessarily bar you from employment.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you ever been convicted of an offence or cautioned by the Police? | Yes |  | No |  |

|  |
| --- |
| If yes, please give details (continue on a separate sheet if necessary) |
|  |

**The successful applicant to this post will be subject to an enhanced DBS check.**

## Declaration

I declare that the information I have given on this application form is true to the best of my knowledge and that providing information that is untrue or omitting information which is relevant, may disqualify me from further consideration. If this failure/untrue information is discovered after employment I may be liable to dismissal without notice.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_