



Belfast Activity Centre, Barnett Stable Yard, Barnett Demesne, Malone Road, Belfast BT9 5PB Tel: 028 90600132 e-mail: info@bacni.org

APPLICATION FOR POST/S (REF): URN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Personal Details

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title  |  | First Name  |  | Last Name  |  |
| Address   |   |  |
| Home Tel  |   | Work Tel  |   |  | Mobile Tel  |   |
| E-mail  |   |  |
| NI Number  |   | Date of Birth  |  |  |

# Qualifications

Please give the relevant qualifications you have. Please include all national governing body awards for outdoor activities, any first aid qualifications and driving licence entitlement. (D1 or D1E Status is required to drive minibuses.)

# Employment History

|  |
| --- |
| Please give the name and address of your current, and previous, employers, the dates employment began and ended and your duties. Please also state level of remuneration and reason for leaving.   |
|   | Employer  | Employment dates  | Duties  | Reason for leaving  | Remuneration  |  |
|     |  |  |   |   |
|     |   |  |   |   |
|      |   |   |   |   |
|      |   |   |   |   |

# Further Information

Pease add any information that would assist us in considering your application including experience and/or work of a similar or appropriate nature that you have undertaken. This may include voluntary and part time work. It may be useful to address the Job description. You may use up to one A4 page to continue this question if required.

# Other Information

|  |  |  |  |
| --- | --- | --- | --- |
| YES  |   | NO  |  |

Are you related to any BAC Volunteer or member of staff?

If YES please give details\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you have access to a vehicle for work purposes?  | YES  |  | NO  |   |
| Do you have a current clean driving license?  | YES  |   | NO  |   |

*It is a legal requirement to disclose any criminal offence, which in other circumstances would be considered ‘spent’, where the work in question involves contact with young people and children. The existence of such a record will not automatically debar you from employment with the Centre but failure to disclose such information can lead to dismissal.*

|  |  |  |  |
| --- | --- | --- | --- |
| YES  |   | NO  |   |

Do you have any criminal convictions?

If YES please give details\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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The nature of the work with Belfast Activity Centre can be demanding it may be necessary for us to contact your doctor for a reference of fitness for the post. Do you give permission for your doctor to be contacted?

|  |  |  |  |
| --- | --- | --- | --- |
| YES  |  x | NO  |   |

If YES, please give the name and address of your doctor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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How would you describe your state of health? Please include any illness or injury in the past 2 years or others, which may affect your work with the centre.

# References

|  |
| --- |
| Please give the names and addresses of two referees (not family) who are familiar with your work stating the capacity in which you know them.   |
| **Reference 1**  | **Reference 2**  |

DECLARATION: I understand that my appointment will be subject to an interview, satisfactory references, confirmation of qualifications and a medical report where necessary. I also understand that I will be required to have appropriate clearance to work with young people, vulnerable adults and children. If the information contained in this form is later found to be inaccurate any offer of employment can be withdrawn. I confirm that the information I have provided is true and accurate.

SIGNED …… ………………………………………………… DATE…………………………