

Ref:

**PLEASE USE BLACK INK WHEN
COMPLETING THIS FORM**

APPLICATION FORM

Post:

**Church of Ireland House, Diocesan Offices
Of Connor and Down & Dromore**

CLOSING DATE: 4 PM ON MONDAY, 28th OCTOBER 2016

APPLICATIONS TO BE RETURNED TO:

**Mrs Rosemary Patterson
Personal Assistant to Bishop of Connor
Church of Ireland House
61-67 Donegall Street
BELFAST
BT1 2QH**

SECTION A – PERSONAL DETAILS

(Please complete in BLOCK LETTERS)	SURNAME	
	TITLE	
	FORMER SURNAME (if applicable)	
	FORENAMES (in full)	
PERMANENT ADDRESS		
		Post Code:
ADDRESS FOR CORRESPONDENCE (if different)		
		Post Code:
HOME TELEPHONE NUMBER		
MOBILE NUMBER		
EMAIL ADDRESS		
NATIONAL INSURANCE NUMBER		
TOWN AND COUNTRY OF BIRTH		
Do you hold a clean driving licence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you any health conditions that might affect your employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have access to personal transport for work purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Ref:

SECTION B – EMPLOYMENT EXPERIENCE AND QUALIFICATIONS

EMPLOYMENT BACKGROUND

Detail all your employment / self employment (and unemployment) for the last 10 years, if applicable, starting with the present / most recent employer:

DATE (Month/Year) From - To	EMPLOYER'S NAME ADDRESS, TEL NO.	POST AND NATURE OF WORK/DUTIES	SALARY AND REASON FOR LEAVING

EDUCATIONAL BACKGROUND

Please detail your academic achievements particularly those relevant to the post:

Date Awarded	Full title of Subject (including start/finish dates)	Type of qualification ie GCSE / A Level / NVQ / Degree / Professional Qualification etc.	Grade/ Result

Time Not Accounted For:

(Give brief details of any time not accounted for in the above education and employment sections)

C. SHORTLISTING CRITERIA

Please outline your experience and skills in relation to the essential criteria for this post as detailed in the associated Personnel Specification. Please cite the relevant competency and how you can meet this requirement.

Competency 1.

Competency 2

Competency 3

Competency 4

Competency 5

Please supply the name and contact details of two referees (one of whom should have knowledge of you in a working environment).

	Name	Address	Telephone Number
1.	_____	_____ _____ _____	_____
2.	_____	_____ _____ _____	_____

APPLICANT'S NAME: _____

Office Use:

SECTION D – FURTHER INFORMATION AND DECLARATION

Interview Requirements:

As an equal opportunity employer we wish to ensure that all applicants have the opportunity to perform to the best of their ability in an interview situation. Please let us know below if you require reasonable adjustments or arrangements to enable you to attend for interview:

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<ul style="list-style-type: none">• I am aged 16 or over and confirm that the information I have given is correct and accurate to the best of my knowledge and belief.• I undertake to inform the Diocesan Office in writing of any changes in my circumstances which may occur between the date of my application and any possible date of appointment.• I understand that if I am found to have suppressed any material fact or to have given information that is false or misleading, I will be liable to disqualification or, if appointed, to dismissal.• I agree to my current employer/previous employer or other party being approached to verify my employment.			
Signature <table border="1" data-bbox="338 1630 853 1693"><tr><td> </td></tr></table>		Date <table border="1" data-bbox="1093 1630 1401 1693"><tr><td> </td></tr></table>	

PLEASE ALSO COMPLETE AND RETURN IN A SEALED ENVELOP MARKED “EQUALITY MONITORING” - ANNEX A: EQUAL OPPORTUNITIES MONITORING FORM

INCOMPLETE APPLICATION FORMS WILL NOT BE ACCEPTED AND WILL RESULT IN DISQUALIFICATION.

LATE APPLICATIONS OR OTHER ADDITIONS WILL NOT BE ACCEPTED.

FOR OFFICIAL USE ONLY	REF NO:
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EQUAL OPPORTUNITIES MONITORING
 [FAILURE TO RETURN WILL RESULT IF DISQUALIFICATION]

Please tick as appropriate: Male Female

National Insurance Number:

This information will be used only for monitoring the effectiveness of the Diocesan Office for Northern Ireland’s equal opportunities policy and to comply with obligations under the requirements of the Fair Employment and Treatment (Northern Ireland) Order 1998. It will not play a part in the appointment process and will be treated in the strictest confidence.

COMMUNITY BACKGROUND

Please tick the appropriate box:

I have a Protestant community background	<input type="checkbox"/>
I have a Roman Catholic community background	<input type="checkbox"/>
I have neither a Protestant nor a Roman Catholic community background	<input type="checkbox"/>

MARITAL STATUS

Please tick the appropriate box:

Single	<input type="checkbox"/>
Married/Co-habiting/Civil Partnership	<input type="checkbox"/>
Widowed	<input type="checkbox"/>
Separated/Divorced	<input type="checkbox"/>

DEPENDANTS

Do you have dependants?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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SEXUAL ORIENTATION

My sexual orientation is towards someone:

Of the same sex	<input type="checkbox"/>
A different sex	<input type="checkbox"/>
Both sexes	<input type="checkbox"/>
Prefer not to answer	<input type="checkbox"/>

PLEASE ALSO COMPLETE THE ADDITIONAL PAGE

ETHNIC ORIGIN

Bangladeshi	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
White	<input type="checkbox"/>	Black African	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>	Black Other	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Indian	<input type="checkbox"/>
Irish Traveller	<input type="checkbox"/>	Mixed Ethnic Group	<input type="checkbox"/>
Any other ethnic group:	<input type="checkbox"/>	Please identify: _____	

AGE:

Under 24	<input type="checkbox"/>	25 – 34	<input type="checkbox"/>	35-44	<input type="checkbox"/>
45-54	<input type="checkbox"/>	55-64	<input type="checkbox"/>	65 +	<input type="checkbox"/>

NATIONALITY: _____	DATE OF BIRTH: _____
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DISABILITY

Under the Disability Discrimination Act 1995 a person is considered to have a disability if he/she has a physical or mental impairment which has a substantial and long-term adverse effect on his/her ability to carry our normal day to day activities. Please note that it is the effect of the impairment, without treatment, which determines if an individual meets the definition of disability.

Do you consider yourself to have a disability?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please tick the category or categories which apply to you:	
• Hearing impairment	<input type="checkbox"/>
• Visual impairment	<input type="checkbox"/>
• Speech impairment	<input type="checkbox"/>
• Mobility impairment	<input type="checkbox"/>
• Physical co-ordination difficulties	<input type="checkbox"/>
• Reduced physical capacity	<input type="checkbox"/>
• Severe disfigurement	<input type="checkbox"/>
• Learning difficulties	<input type="checkbox"/>
• Mental illness/mental health difficulty	<input type="checkbox"/>

How did you see the advertisement in?

Recruit NI Website Website

Other (Please specify): _____

Thank you.