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| **First Larne Presbyterian Church**  **APPLICATION FOR EMPLOYMENT** | Form PRE124(2) |

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| **PRIVATE & CONFIDENTIAL**  **Return this form by 31st August 2022 to:**  **The Rev. Dr. Colin D. McClure**  **The Manse**  **5 Whitla’s Brae**  **LARNE**  **BT40 3BY**  **Tel. 028 28272441**  [**cmcclure@presbyterianireland.org**](mailto:cmcclure@presbyterianireland.org)  **POSITION APPLIED FOR: Ministry Support & Development Worker**  **Ref No: ……………..** | |
| Title: | Schools (e.g. technical, grammar, etc.)  Qualifications gained |
| Surname: |
| Forename(s): |
| Date of Birth: / / |
| Address:  Postcode:  E-mail address:  NI No. |
| Tel. nos (please include code):  (Home)  (Work)  (Mobile) | College/university Qualifications gained |
| Current driving licence? Yes/No  Groups:  Expiry Date: |
| Details of Endorsement: |
| Are there any restrictions on you taking up work in the UK? Yes/No(If yes please provide details) | Other training |
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OTHER EMPLOYMENT

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| Please note any other employment you would continue with if you were to be successful in obtaining this position.  Appendix C |

**EMPLOYMENT HISTORY** (Please complete in full using a separate sheet if necessary, starting with your most recent employment and give reasons for any gaps in employment)

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| --- | --- | --- | --- | --- |
| From – To | Name & Address  of employer | Job Title & Duties | Salary on  leaving | Reason for leaving |
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| Notice required in current post: | | | | |

**REFERENCES**

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| Please provide details of two referees one of whom is preferably a previous employer.  We may seek references after interview but before any offer of employment is made.  This will only be done with your permission | | | |
| 1. | Name: | 2. | Name: |
|  | Position: |  | Position: |
|  | Organisation: |  | Organisation: |
|  | Address:  Postcode: |  | Address:  Postcode: |
|  | Tel No. |  | Tel No. |
| GENERAL COMMENTS  Please detail here your specific reasons for this application, your main achievements to date  and the strengths you would bring to this post**.**  **It would be particularly useful to detail the ways you specifically meet the criteria**.  Use additional pages if required. | | | | | |

**CAUTIONS, REHABILITATION AND CRIMINAL RECORDS**

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| Because of the nature of the work for which you are applying, this post is exempt from the provisions of  Section 5(2) of the Rehabilitation of Offenders (Northern Ireland) Order 1978, by virtue of The Rehabilitation of Offenders (Exceptions) Order (Northern Ireland) 1979, which means that convictions that are spent under the terms of the Rehabilitation of Offenders (Northern Ireland) Order 1978 **must be disclosed**, and will be taken into account in deciding whether to make an appointment. Any information will be completely confidential and will be considered only in relation to this application.  Because of the nature of our business you are required to submit to a Criminal Records check. Any disclosure made will remain strictly confidential.  Do you authorise us to obtain any necessary information in connection with this application for employment? YES/NO (delete as required)    Have you ever been convicted in a Court of Law and/or cautioned in respect of any offence?  YES/NO (delete as required)  If YES, please give details |

**SPECIAL REQUIREMENTS (CARE SECTOR)**

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| Because this position involves the care of children and/or vulnerable adults employment is dependent on the following:   1. Your written consent to obtaining a standard/enhanced disclosure certificate from the Criminal Records Bureau/ Access NI or an approved umbrella body or provision of a PVG Scheme Record/Scheme Record Update. 2. Such disclosure being acceptable to us. 3. Proof of identity – birth or marriage certificate (where appropriate) and passport (if available). 4. Two satisfactory written references. 5. That you will supply a photograph of yourself for retention in our records.   6) Evidence of physical or mental suitability for your work. |

**HEALTH DETAILS**

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| Do you have a physical or mental impairment which has a substantial and long-term effect on your ability to carry out day to day activities? Yes No  Please specify any special arrangements for work associated with any impairment.  Please specify any special arrangements you will need to attend an interview. |
| Please list any diseases, disorders, allergies, muscular or musculoskeletal injuries from which you have suffered or do suffer. |
| Please detail any form of medicine, drugs or treatment you are currently and/or regularly receiving. |
| Please list all absences from work in the past three years and the reasons for such absences. |

**DECLARATION (Please read carefully before signing this application)**

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| 1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered. 2. Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor. I agree that the organisation reserves right the right to require me to undergo a medical examination. In addition, I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act. 3. I agree that my previous employers may be approached for references. I also agree that should I be successful in this application, I will, if required, apply to the Criminal Records Bureau/Access NI for a standard or enhanced (as appropriate) disclosure/PVG Scheme Record or Scheme Record Update. I understand that should I fail to do so, or should the disclosure or reference not be satisfactory, any offer of employment may be withdrawn or my employment terminated.   Signed: …………………………………………………………………………………………..  Date: …………………………………………………………………………………………….. |