

**EBRINGTON**

Building 62  
Ebrington Square  
Londonderry  
BT47 6FA  
t. 028 71161622  
e. ebrington@glencaring.com

**OMAGH**

14 Mountjoy Road  
BT79 7AD  
t. (028)82252666  
e. omagh@glencaring.com

**BALLYMONEY**

Unit 21  
Acorn Business Centre  
Ballymoney  
BT53 7LH  
t. 028 7772 2591  
e. limavady@glencaring.com

**Application For Employment**

Area \_\_\_\_\_ Full Time  Part Time  Banking

**Private and Confidential**

Return this form to: **HR Manager, Glen Caring Services 14 Mountjoy Road Omagh, BT797AD**

Position applied for: \_\_\_\_\_

Title: \_\_\_\_\_ Forename(s): \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

N.I Number: \_\_\_\_\_

Telephone Number(s): Landline \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

**Current Driving Licence?** Yes  No  Expiry Date: \_\_\_\_\_

**Full Access to a Car?** Yes  No

**Are there any restrictions on you taking up employment in the UK?** Yes  No

If Yes please provide details \_\_\_\_\_

**Are there any restrictions on you taking employment with vulnerable adults?** Yes  No

If Yes please provide details \_\_\_\_\_

**EDUCATION**

Schools/Colleges/University

| Name of Institution | Subjects Taken | Qualifications Gained |
|---------------------|----------------|-----------------------|
|                     |                |                       |
|                     |                |                       |
|                     |                |                       |
|                     |                |                       |

Any other training: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY (please start with most recent employment )**

| Name of Employer | Dates Employed | Job Title and Brief Description of Duties | Reason for Leaving |
|------------------|----------------|---|--------------------|
|                  |                |   |                    |
|                  |                |   |                    |
|                  |                |   |                    |
|                  |                |   |                    |
|                  |                |   |                    |
|                  |                |   |                    |



**Criminal Records Check:**

Because of the nature of the work for which you are applying, this post is exempt from the provision of Section 5(2) of Rehabilitation of Offenders (Northern Ireland) Order 1978, by virtue of The Rehabilitation of Offenders (Exceptions) Order (Northern Ireland) 1979, this means that all spent convictions must be disclosed and will be taken into account in deciding whether to make an appointment. Having a criminal record will not necessarily bar an applicant from working for us. Glen Caring’s Policy on the Recruitment of Ex-Offenders, Policy on the Storage, Handling and Disposal of Disclosures and the Access NI Code of Practice can be found online on our website: [www.glencaring.com](http://www.glencaring.com). Copies are also available in our head office in Omagh upon request.

Due to the job in which you are applying for you are required to submit an Enhanced Barred List check which will be carried out by Access NI. All information received will be kept strictly confidential.

Have you ever been convicted of a criminal offence?

Yes  No

If yes, please give details of this:

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Is there any reason you cannot work in regulated activity such as caring for vulnerable groups of society?

Yes  No

Do you consent to us obtaining all necessary information in connection with this application for employment?

Yes  No

**References**

Names and addresses of 2 referees, one of which must be a previous employer (the most recent when possible), and who are not related to you, who we can approach for a confidential assessment of your suitability for this job.

| Name | Address, Postcode and Telephone Number | Position |
|------|--|----------|
|      |  |          |
|      |  |          |

If for any reason you would prefer we did not approach a previous employer for a reference please tick here:

Because this position involves providing care to vulnerable adults your employment with us is depending on the following:-

- An Enhanced with Barred List check Disclosure being returned and accepted by the company.
- Proof of identity including – Birth Certificate, Passport or driving licence, NI number and a utility bill that has been dated within the past 3 months.
- Two satisfactory written references.
- An accepted explanation for any gaps in your employment.
- Two passport pictures of yourself
- Evidence of physical or mental suitability for your work

***Declaration by Applicant***

I confirm that all of the information I have provided is correct.

I understand that any false information or deliberate omissions disqualify me from employment or may render me liable to dismissal.

***Signed:***

***Date:***

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**DECLARATION OF HEALTH – CONFIDENTIAL**

1. Have you had, or do you suffer from any of the following? (Please tick as appropriate)

|   | YES | NO | If yes, please give details |
|---|-----|----|-----------------------------|
| Epilepsy  |     |    |                             |
| Tuberculosis, Measles, Mumps or Rubella   |     |    |                             |
| Rheumatic Fever   |     |    |                             |
| Disabling Headache  |     |    |                             |
| Fainting Attacks  |     |    |                             |
| Diabetes  |     |    |                             |
| Kidney Infections   |     |    |                             |
| Asthma  |     |    |                             |
| Postural Deformity<br>(e.g flat feet, back trouble, sclerosis, inability to bend knees) |     |    |                             |
| Drug Addiction  |     |    |                             |
| Mental illness  |     |    |                             |
| Hearing Defects   |     |    |                             |
| Sight Defects   |     |    |                             |
| Are you physically fit for all manual handling tasks, if no please give details         |     |    |                             |
| Have you been vaccinated/immunised in the past 5 years, if yes please state what for    |     |    |                             |

2. What other previous illness or injury have you had? (If any operations, please give details.)

\_\_\_\_\_

\_\_\_\_\_

3. Would you be interested in availing of an Aids, HIV and Hepatitis vaccination?

Yes  No

4. Date of last Chest X-Ray \_\_\_\_\_

5. Names & Addresses of Family Doctor

\_\_\_\_\_

\_\_\_\_\_

I declare that, to the best of my knowledge and belief, the answers I have given are true.

Signature and Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Monitoring Information Confidential Form

Glen Caring Services is an Equal Opportunities Employer & works in accordance with Fair Employment & Treatment (N.I) Order 1998; we are required to ask you to complete this monitoring form

The information provided in this document will be treated in the strictest of confidence & protected from misuse. It will be used only for the purpose of monitoring our equal opportunity employment policy.

- 1. Please indicate your religion or the religion to which you would be perceived to belong by marking the appropriate category below:

I am a member of the Protestant Community    
I am a member of the Roman Catholic Community   
I am a member of neither the Protestant nor Roman Catholic community

- 2. Please indicate your gender by ticking or x marking the appropriate category below:

Female  Male

- 3. Date of Birth:

- 4. Please describe your ethnic origin by marking the appropriate category below:

|                 |                          |                 |                          |
|-----------------|--------------------------|-----------------|--------------------------|
| White           | <input type="checkbox"/> | Irish Traveller | <input type="checkbox"/> |
| Black Caribbean | <input type="checkbox"/> | Black African   | <input type="checkbox"/> |
| Black Other     | <input type="checkbox"/> | Indian          | <input type="checkbox"/> |
| Pakistani       | <input type="checkbox"/> | Bangladeshi     | <input type="checkbox"/> |
| Chinese         | <input type="checkbox"/> | Other           | <input type="checkbox"/> |

- 5. The Disability Discrimination Act 1995 defines a person as having a disability if he or 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 such a disability? Yes  No

If yes please supply further details

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