



GLENARM CASTLE

Application Form

Ref: AEC.01.F/AEP/2018

Post: Activities and Events Planner

THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE.
Please note that the closing date for this job vacancy is Monday 22nd October 2018 at 12noon.
To apply for this post please fill in this application form accurately and accompany with a cover letter. Please read carefully the Job Description prior to applying.

Section 1 Personal details

Title:		Last Name:	
First Names:			
Address:			
Postcode:			
Home Telephone Number:			
Mobile Telephone Number:			
E-mail address:			
Are you eligible to work in the UK?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you hold a full UK driving licence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, Do you have any points or convictions etc? :			

Section 2 Rehabilitation of Offenders Act

Have you ever been convicted of a criminal offence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you any prosecutions pending?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please give details / dates of offence(s) and sentence:		

Section 3 Health

Number of days absent in the last 2 years: (if applicable)

Are you registered disabled?

YES No

If yes please provide your disability number and details:

Section 4 Education

Date From	Date To	Name of School / College / University	Examinations taken and Qualifications Gained (Specify Grades/Awards)

Section 5 Employment Record

Please list chronologically, starting with current or last employer

Name and Address of Employer	Date From:	Date To:	Job Title/Job Function/ Responsibilities:	Salary and Reason for Leaving

Section 6 Other Training & Development

Please give details of any other training and development courses or non-qualifications courses which support your application. Include any on the job training as well as formal courses.

Title of Training Programme or Course	Duration of course:

Section 7 Personal Statement

Abilities, Skills, Knowledge and Experience.

Please use this section to explain in detail how you meet the requirements of the Job Description. If you are or have been involved in voluntary/unpaid activities, please also include this information. Attach and label any additional sheets used.

Section 8 References

Please give the names and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your referees are. (NB. References will only be taken if you commence employment with us)

Reference 1		Reference 2					
Name:	<input type="text"/>	Name:	<input type="text"/>				
Their Position (job title):	<input type="text"/>	Their Position (job title):	<input type="text"/>				
Work Relationship:	<input type="text"/>	Work Relationship:	<input type="text"/>				
Organisation:	<input type="text"/>	Organisation:	<input type="text"/>				
Dates Employed:	<table border="1"><tr><td>From:</td><td>To:</td></tr></table>	From:	To:	Dates Employed:	<table border="1"><tr><td>From:</td><td>To:</td></tr></table>	From:	To:
From:	To:						
From:	To:						
Address:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Address:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
Postcode	<input type="text"/>	Postcode	<input type="text"/>				
Telephone N ^o :	<input type="text"/>	Telephone N ^o :	<input type="text"/>				
E-mail:	<input type="text"/>	E-mail:	<input type="text"/>				

Section 9 Declaration

I confirm that the information provided in this application is both truthful and accurate. I have omitted no facts that could affect my employment. I understand that any false misleading statements could place any subsequent employment in jeopardy. I understand that any employment entered into is subject to documentary evidence of my right to work in the UK and satisfactory references. I expressly consent to personal data contained within this form being recorded for the purposes of assessing suitability for the post and may form the basis of any subsequent personnel file.

Signed:

Date:

Glenarm Castle undertakes that it will treat any personal information that you provide to us, or that we obtain from you, in accordance with the requirements of the Data Protection Act 1998. After initial assessment, Glenarm Castle may keep your details on file pending suitable opportunities that may arise in the future. Please tick if you do not wish us to hold your details.

RETURNING THIS FORM

By Hand or Post:

GLENARM CASTLE
2 Castle Lane
Glenarm
Ballymena
Co. Antrim
N. Ireland
BT44 0BQ

By E-Mail:

info@glenarmcastle.com

Enquiries:

Telephone: 028 28 84 1203

Website:

www.glenarmcastle.com

APPLICATIONS RECEIVED AFTER 12NOON ON MONDAY 22ND OCTOBER 2018

WILL NOT BE ACCEPTED

Section 9 Recruitment Monitoring Form

This sheet will be separated from your application form upon receipt and does not form part of the selection process. It will be retained by the Human Resources purely for monitoring purposes.

Application for the post of:

To help us ensure that our Equal Opportunities Policy is fully and fairly implemented please COMPLETE THIS SECTION OF THE APPLICATION FORM.

What is your Ethnic Group?

Choose ONE section from A to E, and then tick the appropriate box to indicate your cultural background.

A. White

- White UK
- Irish
- White non-UK
- Any other White background
(please give details):
-

B. Mixed

- White & Black Caribbean
- White & Black African
- White & Asian
- Any other Mixed background
(please give details):
-

C. Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background
(please give details):
-

D. Black or Black British

- Black Caribbean
- Black African
- Any other Black background
(please give details):
-

E. Chinese or other ethnic group

- Chinese
- Vietnamese
- Any other ethnic background
(please give details):
-

F. I do not wish to provide this information

Section 9 Recruitment Monitoring Form continued

Gender

Male

Female

Disability

Disability is defined as “physical or mental impairment, which has a substantial and long term adverse effect on a person’s ability to carry out normal day to day activities”.

Do you consider yourself disabled?

Yes

No

If yes, please give details:

Age Group

16-25

26-35

36-45

46-55

56-65

66-70

Over 70

Media

Please state where you saw this post advertised