

# **Application Form**

Ref: AEC.01.F/AEP/2020

Post: Activities and Events Planner (Temp Maternity Cover)

THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE. Please note that the closing date for this job vacancy is Friday 18<sup>th</sup> September 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 Telephon	e Number:					
Mobile Telephor	ne Number:					
E-mail address:						
Are you eligible	Are you eligible to work in the UK?  Yes  No					
Do you hold a fu	Do you hold a full UK driving licence? Yes No					
If yes, Do you have any points or convictions etc? :						
Section 2	Rehabilitation of Of	ffenders	Act			
Have you ever b	een convicted of a criminal of	ffence? Yes	s	No		
Have you any p	rosecutions pending?	Ye	s	No		
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

CCC	1011 4	Euucation	
Date	Date	Name of School /	Examinations taken and Qualifications Gained
From	То	College / University	(Specify Grades/Awards)
L	l	<u> </u>	

## Section 5 Employment Record

Please list chronologically, starting with current or last employer

Name and Address of	Date Date		Job Title/Job Function/ Responsibilities:	Salary and
Employer	From:	To:	The state of the s	Salary and Reason for
	TIOIII.	10.		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.

ny additional shee	ets useu.		

### **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:			Name:		
Their Position (job title):			Their Position (job title):		
Work Relationship:			Work Relationship:		
Organisation:			Organisation:		
Dates Employed:	From:	То:	Dates Employed:	From:	То:
Address:			Address:		
Postcode			Postcode		
Telephone Nº:			Telephone №:		
E-mail:			E-mail:		

#### 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	:
u A s	s, or that v ct 1998. A	astle undertakes that it will treat any personal we obtain from you, in accordance with the re After initial assessment, Glenarm Castle may A portunities that may arise in the future. Pleas s.	quirements of the Data Protection eep your details on file pending

#### 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 FRIDAY 18<sup>TH</sup> SEPTEMBER 2020 WILL <u>NOT</u> 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. White D. **Black or Black British** A. White UK Black Caribbean Irish Black African Any other Black background White non-UK (please give details): Any other White background (please give details): Mixed E. Chinese or other ethnic group В. White & Black Caribbean Chinese White & Black African Vietnamese Any other ethnic background White & Asian (please give details): Any other Mixed background (please give details): F. I do not wish to provide this C. Asian or Asian British information Indian Pakistani Bangladeshi Any other Asian background (please give details):

## **Section 9** Recruitment Monitoring Form continued Gender Female Male **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 66-70 46-55 56-65 Over 70 Media Please state where you saw this post advertised