



Search: nowgroup

Important

You can either print out this application form and complete with black pen, or use Adobe Acrobat to complete this form electronically.

Instructions on completing application form electronically:

- 1 Save the document to your computer**
- 2 Fill in all relevant text areas**
- 3 Save your application as you complete each section**
- 4 Once completed, attach the PDF to an email
and return to: jobs@nowgroup.org**
- 5 Also complete the Equal Opportunities Section 14**

NOTE to Apple MAC users:

**DO NOT USE APPLE PREVIEW
TO COMPLETE THIS FORM,
PLEASE USE ADOBE ARCOBAT.**

NOW Job Application Form (for official use only)

Post Applied For

Closing Date

Interview Date:

--	--	--

Section 1 - Personal details and additional information

Full Name:

Address:

Postcode:

Home Tel:

Daytime Tel:

Mobile:

Email address:

Yes

No

Are you free to remain and take up employment in the UK with no current immigration restrictions?

Do you hold a full, clean driving licence valid in the UK?

(if relevant to post applied for)

If you are successful you will be required to provide relevant evidence of the above details prior to your appointment.

To monitor the effectiveness of our advertising, please indicate where you saw this position advertised

Newspaper NOW website NI Jobfinder Community NI Jobs and Benefits Office

Twitter Facebook Word of mouth Other

--



Section 2 - Present Employment

(If now unemployed give details of last employer)

Name of Employer and Address:

Postcode:

Salary:

Post Title:

Start Date:

End Date:

Department / Section:

Brief description of duties:

Continue on a separate sheet if necessary

Period of Notice:

Last day of service
(if no longer employed):

Reason for leaving:



Section 3 - Previous Employment

Previous Employment (most recent employer first). Please cover the last 10 years and state nature of business.

1. Name of Employer and Address:

Postcode:

Position Held:

Start Date:

End Date:

Summary of duties:

Reason for leaving:

2. Name of Employer and Address:

Postcode:

Position Held:

Start Date:

End Date:

Summary of duties:

Reason for leaving:

Previous Employment (continued)

3. Name of Employer and Address:

Postcode:

Position Held:

Start Date:

End Date:

Summary of duties:

Reason for leaving:

4. Name of Employer and Address:

Postcode:

Position Held:

Start Date:

End Date:

Summary of duties:

Reason for leaving:

Section 4 - Education

Qualifications obtained from Schools, Colleges and Universities. Please list highest qualifications first.

College or University:	Course:	Qualifications and grades obtained:
School:	Subjects:	Qualifications and grades obtained:

Professional, Technical or Management Qualifications

Please give details:

College or University:	Course:
------------------------	---------

Membership of any Professional / Technical Associations - Please state level of Membership:



Section 5 - Training and Development

Please give details of any 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 6 - Essential and Desirable Criteria

Please use this section to detail how your experience meets each of the Essential and Desirable Criteria as outlined under 'Personal Specification' section of the Job Description. Applicants must clearly demonstrate specific examples of their experience, including dates and your job title at the time.

Attach and label any additional sheets used.



Section 7 - Supporting Information

Abilities, skills, knowledge and experience.

Please use this section to detail any other information you feel would be relevant to your application.
You are encouraged to include experience of any voluntary/unpaid activities that you have been involved in.
If including qualifications, please state the date they were obtained and the grade /level achieved.
Attach and label any additional sheets used.

Section 8 - Access NI Disclosures

NOW Group adhere to the AccessNI Code of Practice and it is our policy to obtain an Enhanced Disclosure for employees who will be working within our service delivery teams. This check will be completed before employment commences and only if successful at interview. For further information please refer to the Access NI Code of Practice at <http://www.nidirect.gov.uk/accessni>

It is a criminal offence for a person to knowingly apply for a position which they are barred from.

Is there any reason why you cannot work in regulated activity?

Yes

No

If yes, please give details below:

A copy of our policy on the secure handling, use storage and retention of information is available on request.

In line with the Rehabilitation of Offenders (Exceptions)(NI) Order 1979 (as amended in 2014), NOW Group's will only ask about convictions which are defined as "not protected" for the purposes of obtaining a Standard or Enhanced disclosure. Please note that a criminal record will not necessarily be a bar to obtaining a position.

Do you have any convictions, cautions, reprimands or final warnings that are 'not protected' as defined by The Rehabilitation of Offenders (Exceptions)(Amendment) Order (NI) 2014?

Yes

No

If yes, please give details below:

A copy of our policy on the Recruitment of Ex-Offenders is available on request.

I provide my consent to proceed with DBS check (if required)

Yes

No

Is there any reason why you cannot work in regulated activity?

Yes

No

Section 9 - Disability Discrimination Act

This Act protects people with disabilities from unlawful discrimination. We actively encourage applications from people with disabilities. The Disability Discrimination Act defines a disabled person as someone who has a physical or mental impairment which has a substantial and adverse long term effect on his or her ability to carry out normal day to day activities. (See Guidance Notes).

Yes No

Do you have a disability which is relevant to your application?

If yes, please give details:

We will try to provide access, equipment or other practical support to ensure that people with disabilities can compete on equal terms with non-disabled people.

Yes No

Do you require any reasonable adjustments to attend an interview?

If yes, please give details:

Section 10 - Health

Number of days sickness absence in the last 2 years:

Please state number of occasions in the last 2 years:

Section 11 - References

Please give the names and addresses of your two most recent employers both of which should be in a line management position (if applicable). If you are unable to do this, please clearly outline who your references are.

1. Name: Position (job title):

Work Relationship:

Organisation:

Address:

Telephone: Are you willing for this referee
to be approached prior to the interview?

Email address: Yes No

2. Name: Position (job title):

Work Relationship:

Organisation:

Address:

Telephone: Are you willing for this referee
to be approached prior to the interview?

Email address: Yes No

Section 12 - Declaration - Statement to be Signed by the Applicant

Please complete the following declaration and sign it in the appropriate place below. If this declaration is not completed and signed, your application will not be considered.

I acknowledge that NOW is under a duty to protect the public funds it administers and to this end I agree it may use information provided on this form for prevention and detection of crime and it may share this information with other bodies solely for these purposes. I hereby give consent to such collection, storage and processing of my personal data and I agree that the information given on this form maybe used for data registration purposes.

I hereby certify that:

- all the information given by me on this form is correct to the best of my knowledge
- all questions relating to me have been accurately and fully answered
- I possess all the qualifications which I claim to hold
- I have read and, if appointed, am prepared to accept the conditions set out in the conditions of employment and the job description.

I confirm that all information is correct, please select

Signed:

Date:

(NB. Candidates selected for interview will normally be notified within three weeks of the closing date. Unfortunately applicants who do not hear from NOW must conclude that their application has been unsuccessful on this occasion. Thank you for your interest in this post. If you would like to know if we have received your application form please enclose a stamped addressed post card.

NOW undertakes that it will treat any personal information (that is data from which you can be identified, such as your name, address, email address etc) that you provide to us, or that we obtain from you, in accordance with GDPR requirements. NOW Group's Privacy Notice is available on our website www.nowgroup.org.

If you are returning this form by email, you will be asked to sign your application at interview.

RETURNING THIS FORM

By Hand or Post: HR & People Manager

NOW Group, 15-17 Grosvenor Road
Belfast, BT12 4GN

Enquiries: 028 9043 6400

By Email: jobs@nowgroup.org

SAVE DOCUMENT

Section 13 - Equality Monitoring Form

Please select which applies to you.

Gender	Male <input type="radio"/>	Female <input type="radio"/>			
Community Background	Catholic <input type="radio"/>	Protestant <input type="radio"/>	Other <input type="radio"/>		
Ethnic Origin	White <input type="radio"/>	Black Caribbean <input type="radio"/>	Black African <input type="radio"/>		
	Black Other <input type="radio"/>	Indian <input type="radio"/>	Pakistani <input type="radio"/>		
	Chinese <input type="radio"/>	Bangladeshi <input type="radio"/>	Irish Traveler <input type="radio"/>		
	Any Other <input type="radio"/>	Mixed Other <input type="radio"/>	Other <input type="radio"/>		
	Specify: 				
Sexual Orientation	Heterosexual <input type="radio"/>	Bisexual <input type="radio"/>			
	Gay or Lesbian <input type="radio"/>	Not Given <input type="radio"/>			
Marital Status	Single <input type="radio"/>	Married <input type="radio"/>	Cohabiting <input type="radio"/>		
	Separated <input type="radio"/>	Divorced <input type="radio"/>	Widowed <input type="radio"/>		
	Other <input type="radio"/>				
Caring Responsibility / Dependents	None <input type="radio"/>	Own Children <input type="radio"/>	Other <input type="radio"/>		
	Specify: 				
Disability					
Under the Disability Discrimination Act 1995, a disability is defined as, "a physical or mental impairment which has a substantial and long-term effect on your ability to carry out normal day to day activities".	Yes <input type="radio"/>	No <input type="radio"/>			
	Specify: 				
Age Band					
16 – 20 <input type="radio"/>	21 – 30 <input type="radio"/>	31 – 40 <input type="radio"/>	41 – 50 <input type="radio"/>	51 – 60 <input type="radio"/>	61 - 65 <input type="radio"/>

Monitoring information is required for statistical purposes only, please ensure that your form is returned in a separate envelope marked "Monitoring Officer".