

POSITION APPLYING FOR – Assistant Market Gardener (23/29/AG/WEB)

PLEASE COMPLETE IN BLACK INK, TYPESCRIPT OR WORD PROCESSED - ALL APPLICATIONS SHOULD BE LEGIBLE AND WILL BE TREATED IN CONFIDENCE

Only Applications Containing All Information Which Has Been Sought Will Be Considered

PLEASE RETURN COMPLETED FORMS by 4pm on Friday 16th June 2023 By email to: hr@glencraig.org.uk

Monitoring Form must accompany CVs & application forms to be considered for shortlisting.

	T					
Surname:	Title: Mr/Mrs/Miss/Ms					
	Other (please specify)					
Forename(s):	Maiden Name Other Former Name(s):					
	(if appropriate):					
Home Address:	Address for Correspondence (if different):					
Postcode:	Postcode:					
Home Telephone No.	Daytime Telephone No.					
(incl STD Code)	(incl STD Code)					
Mobile Tel No:	National Insurance No.					
Email Address:						
Do you hold a current full UK driving licence?	Do you have access to a form of	f transport?				
Yes/No	Yes/No					
Nationality: EC/Non-EC	If Non-EC, please specify					
Do you have the right to work in the UK?						
Yes / NO						
Note: the organisation will require proof of your rig	ht to work in the UK e.g. a passpo	ort showing that the holder is a				
citizen of the United Kingdom or a national of the E	EA or Switzerland as required by	the Immigration, Asylum and				
Nationality Act 2006.						
Are you currently NISCC Registered?						
Were you referred by an existing Camphill Commun	nity Glencraig Employee?					
Yes / No						
If yes, Please enter the employee's name here:						

<u>EDUCATION – GENERAL (Please note all qualifications listed below will require evidence by certificates).</u>

GCSE/'O' Levels/'A' Levels/Secretarial Exams etc.

Subjects passed	Examining Body	Level Attained (e.g. GCSE etc.)	Grade	Year

FURTHER / HIGHER EDUCATION

Degree/Diploma/Certificate/NVQ	Result and Date obtained

EXAMINATIONS PENDING

Qualification(s)	Date to be taken

TRAINING

Details of Training Courses attended and awards achieved, including dates if appropriate.

Details of Training Courses attended and awards ac	Details of Training Courses attended and awards achieved, including dates if appropriate.					
Details of Course	Organisation who provided Training	Date Course Completed				

MEMBERSHIP OF PROFESSIONAL ORGANISATIONS

Date Joined	Institute /	Grade of Membership	Membership
	Organisation	(Where appropriate)	Number

EMPLOYMENT HISTORY - PRESENT POST

Name and Address of present employer:	Title and grade of post:				
	Present Salary/Wage:				
	Title/Level	of Person	you current	ly report to	
Status: Permanent/Temporary/Fixed Term					
Department:	Date appointed :	Day	Month	Year	
Location:	Period of Notice required:		- 1		
Reason	for			leaving	
(please continue on separate sheet if neces	sary, clearly	marking the	e question i	it is linked	

PREVIOUS POSTS (Beginning with most recent)

<u>NB</u>: To assist consideration in your application you are advised to give precise dates for each period of employment, where possible. This is particularly important when there are time considerations for shortlisting criteria based on experience/post qualification experience.

Name and Address of Employer	Grade/Position and Department/ Speciality	From dd/ mm/ yy	To dd/ mm/ yy
		//	//
Duties (briefly)			
Reason for Leaving			
Name and Address of Employer	Grade/Position and Department/ Speciality	From dd/ mm/ yy	To dd/ mm/ yy
		//	//
Duties (briefly)			
Reason for Leaving			

Name and Address of Employer	Grade/Position and Department/ Speciality	From dd/ mm/ yy	To dd/ mm/ yy
		//	//
Duties (briefly)			_
Reason for Leaving			
Name and Address of Employer	Grade/Position and Department/	From	То
	Speciality	dd/ mm/ yy / /	dd/ mm/ yy / /
Duties (briefly)			
Reason for Leaving			
Name and Address of Employer	Grade/Position and Department/ Speciality	From dd/ mm/ yy	To dd/ mm/ yy
		//	//
Duties (briefly)			_
Reason for Leaving			

mployment as stated previously				
ease detail a	ny other information which may be relevant to your application			

e detail these als			

do you believe you ion?			· ·	
	······	 		

REFEREES

Please name two referees, (not relatives) at least one of whom should have knowledge of your present/most recent work and be in a supervisory/managerial capacity. Camphill Community Glencraig reserves the right to seek a reference from any previous employment.

Current Employer						
Name:	Name:					
Capacity in which known	Capacity in which known					
Address:	Address:					
Postcode:	Postcode:					
Email Address:	Email Address:					
Daytime Telephone No. (please indicate dialling code)	Daytime Telephone No. (please indicate dialling code)					
. ,	,					
Contact only if appointment being offered subject to satisfactory reference, Access NI and	Contact only if appointment being offered subject to satisfactory reference, Access NI and					
health assessment. (please tick) □	health assessment. (please tick) \square					
	(please tick)					
SPECIAL REQUIREMENTS	to the state of th					
Do you require any special arrangements to be Please provide details:	made to assist you if called for interview?					
Please provide details.						
PERSONAL DECLARATION (unsigned applicat	ions may not be considered)					
I hereby confirm that the information I have included in this application form is a true and accurate account. I understand that any false information given may result in a job offer being withdrawn.						
Signature:	Date:					
Please ensure that you have completed all relevant parts of this application form.						



CAMPHILL COMMUNITY GLENCRAIG

Camphill Community Glencraig is committed to recruiting, retaining and developing a workforce that reflects at all grades the diverse communities that we serve. It is vital that we monitor and analyse diversity information so that we can ensure that our HR processes are fair, transparent, promote equality of opportunity for all staff, and do not have an adverse impact on any particular group. Your cooperation in providing us with accurate data will ensure that we not only meet our legal obligations but even more importantly will result in us designing and applying policies and processes that attract and retain a diverse, talented and motivated workforce. Any information provided on this form will be treated as strictly confidential and will be used for statistical purposes only. It will not be seen by anybody directly involved in the selection process. No information will be published or used in any way which allows any individual to be identified.

Please complete and return this form a sealed envelope, along with your application form. Gender Female Male What is your religion or belief? Regardless of whether we practice religion, most of us in Northern Ireland are seen as either Roman Catholic or Protestant. We are therefore asking you to indicate your community background by ticking the appropriate box below: I am a member of the Protestant Community I am a member of the Roman Catholic Community I am not a member of either the Protestant or the Roman Catholic Community If you do not complete this questionnaire, we are encouraged to use the "residuary" method which means that we can make a determination on the basis of personal information on file / application form. Are you married or in a civil partnership YES NO Age: 16-24 25-29 30-34 50-54 □ 55-59 60-64 65-69 65 +Prefer not to say **DOB**: / / How would you describe your national identity? **English** Welsh □ Scottish □ Northern Irish □ Irish □ British Other Prefer not to say

Ethnicity?

as an individual perce	ive you bel	ong. Please in	dicate y	our ethnic origin	by ticking the	appropriate	e box	
White English □	Welsh	-	Scottis	sh □	Northern Iris	h □	Irish □	
Irish Traveller □	Other W	hite Backgroui	nd 🗆					
Mixed / multiple ethi White and Black Caril	bean □	White	and Black African □		White and Asian □			
Any other mixed back	ground							
Asian / Asian British Indian □ Pakis		Bangladeshi □]	Chinese □	Any other As	ian backgr	ound □	
Black / African / Car African ☐ Carib			ek / Afri	can / Caribbean	background	I		
Other ethnic group Arab ☐ Any o	other ethnic	group □						
Disability Section 1 of the Disabimpairment which has	a substant	al or long-tern	n effect	on his/her ability				
Using this definition of	lo you cons	ider yourself to	o be disa	abled?	Yes □	No □		
If you answered yes, i Glencraig to make to a	•			•	•		hill Community	
What is your sexual	orientation	?						
Heterosexual / straigh Gay man Other		= = =	Bisexu	roman / Lesbian nal not to say				
Do you have any car	ing respon	sibilities?						
None Primary Carer of a chi Primary Carer of disal Secondary Carer				Primary carer of Primary carer of Prefer not to sa	of an older pers			

Ethnic origin categories are not about nationality, place of birth or citizenship. They are about the group to which you

By completing this form you have helped us better understand how we, as an employer, ensure equality of opportunity for all.

Thank you for completing this form.

Declaration of Convictions Form

We are committed to ensuring equal opportunity for all applicants. Information about criminal convictions is requested to assist the selection process and will be taken into account only when the conviction is considered relevant to the position applied for.

You have applied for a position that is defined as Regulated Activity under the Safeguarding Vulnerable Groups (NI) Order 2007. It also falls within the definition of an "excepted" position under the Rehabilitation of Offenders (Exceptions) Order (NI) 1979. This means that you **must** tell us about **all** offences and convictions, including those considered 'spent'.

If you have received a formal caution or are currently facing prosecution for a criminal offence you should also bring this to our attention given the "excepted" nature of the role. If you leave anything out it may affect your application.

This information **will** be verified through an Access NI Enhanced Disclosure check if you are considered to be the preferred candidate and are being offered the position. The check will tell us if you have a criminal record or if your name has been included on the Children's Barred List and/or Vulnerable Adults Barred List. It is to make sure that individuals who might be a risk to children and/or vulnerable adults are not appointed. Access NI has a Code of Practice which explains this in more detail a copy of this can be made available to you should you wish.

Having a criminal record will not necessarily debar you from this position, this will depend on the nature of the position, your offences or other information contained on the Disclosure Certificate or provided directly to us by the Police.

The information received will be treated confidentially and will be assessed alongside normal selection criteria to determine suitability for the position. A separate meeting will be held with you if clarification is required to discuss any issues around your disclosure before a final decision is reached. After the decision has been made the information will be destroyed.

Please complete the section below and return it with your application. The form also asks you to give your written consent to the Access NI check, which will only be obtained if you are the preferred candidate. If you do not consent we will not accept your application.

Applicants can also submit a separate statement of disclosure if they wish. This may include details such as the particular circumstances around the conviction(s); how circumstances may have changed; and what has been learnt from the experience. Applicants can contact the Northern Ireland Association for the Care and Rehabilitation of Offenders (NIACRO) for more information.

Please complete and return this form a sealed envelope, along with your application form. **Declaration of Criminal Convictions, Cautions and Bind-Over Orders** In Confidence Do you have any prosecutions pending? **YES** NO (if yes give please give details) Have you ever been convicted at a court or cautioned by the police for any offence? **YES** NO If yes, please list below details of all convictions, cautions, or bind-over orders. Give as much information as you can, including, if possible, the offence, the approximate date of the court hearing and the court which dealt with the matter. **Declaration of Abuse Investigation(s)** Have you ever been the subject of an Adult or Child Abuse investigation which alleged that you were the perpetrator of any adult or child abuse? NO If yes, please list full details below including the name of police unit or HSC Trust involved in the investigation. If possible please provide the approximate date/s. **Declaration and Consent** I declare that the information I have given is complete and accurate. I understand that I will be asked to complete an Access NI Disclosure Certificate Application Form if I am considered to be the preferred candidate and I consent to the Enhanced Disclosure Check being made, and I agree to inquiries relevant to this declaration.

Date:

Position applied for:

Any surname previously known by:

Signature:

Print name: