



# CAMPHILL COMMUNITY GLENCRAIG

**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 16<sup>th</sup> June 2023**

**By email to: [hr@glencraig.org.uk](mailto:hr@glencraig.org.uk)**

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

Surname:		Title: Mr/Mrs/Miss/Ms Other (please specify)					
Forename(s):		Maiden Name (if appropriate):			Other Former Name(s):		
Home Address:		Address for Correspondence (if different):					
Postcode:		Postcode:					
Home Telephone No. (incl STD Code)		Daytime Telephone No. (incl STD Code)					
Mobile Tel No:		National Insurance No.					
Email Address:							
Do you hold a current full UK driving licence? Yes/No				Do you have access to a form of transport? Yes/No			
Nationality: EC/Non-EC				If Non-EC, please specify			
Do you have the right to work in the UK? Yes / NO							
<i>Note: the organisation will require proof of your right to work in the UK e.g. a passport showing that the holder is a citizen of the United Kingdom or a national of the EEA or Switzerland as required by the Immigration, Asylum and Nationality Act 2006.</i>							
<b>Are you currently NISCC Registered?</b>							
Were you referred by an existing Camphill Community Glenraig Employee? Yes / No							
If yes, Please enter the employee's name here:							







**PREVIOUS POSTS (Beginning with most recent)**

**NB:** 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
		_ / _ / _	_ / _ / _ —
<p>Duties (briefly)</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Reason for Leaving .....</p>			

Name and Address of Employer	Grade/Position and Department/ Speciality	From dd/ mm/ yy	To dd/ mm/ yy
		_ / _ / _	_ / _ / _ —
<p>Duties (briefly)</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Reason for Leaving .....</p>			

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 ..... .....			









## 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.

<b>Current Employer</b>	
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 health assessment. (please tick) <input type="checkbox"/>	Contact only if appointment being offered subject to satisfactory reference, Access NI and health assessment. (please tick) <input type="checkbox"/>

## SPECIAL REQUIREMENTS

<p>Do you require any special arrangements to be made to assist you if called for interview? Please provide details:</p> <p>.....</p> <p>.....</p> <p>.....</p>
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## PERSONAL DECLARATION (unsigned applications may not be considered)

<p>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.</p> <p>Signature: ..... Date: .....</p> <p><b>Please ensure that you have completed all relevant parts of this application form.</b></p>
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Ethnic origin categories are not about nationality, place of birth or citizenship. They are about the group to which you as an individual perceive you belong. Please indicate your ethnic origin by ticking the appropriate box

**White**

- English       Welsh       Scottish       Northern Irish       Irish   
Irish Traveller       Other White Background

**Mixed / multiple ethnic groups**

- White and Black Caribbean       White and Black African       White and Asian   
Any other mixed background

**Asian / Asian British**

- Indian       Pakistani       Bangladeshi       Chinese       Any other Asian background

**Black / African / Caribbean / Black British**

- African       Caribbean       Any other Black / African / Caribbean background

**Other ethnic group**

- Arab       Any other ethnic group
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**Disability**

Section 1 of the Disability Discrimination Act describes a disabled person as person with a ‘physical or mental impairment which has a substantial or long-term effect on his/her ability to carry out normal day-to-day activities’.

Using this definition do you consider yourself to be disabled?      Yes       No

If you answered yes, is there any reasonable adjustment which you believe is necessary for Camphill Community Glencraig to make to allow you to fulfil the requirements of the job for which you are applying?

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**What is your sexual orientation?**

- |                         |                          |                     |                          |
|-------------------------|--------------------------|---------------------|--------------------------|
| Heterosexual / straight | <input type="checkbox"/> | Gay woman / Lesbian | <input type="checkbox"/> |
| Gay man                 | <input type="checkbox"/> | Bisexual            | <input type="checkbox"/> |
| Other                   | <input type="checkbox"/> | Prefer not to say   | <input type="checkbox"/> |
- 

**Do you have any caring responsibilities?**

- |  |                          |  |                          |
|--|--------------------------|--|--------------------------|
| None   | <input type="checkbox"/> |  |                          |
| Primary Carer of a child/children (under 18) | <input type="checkbox"/> | Primary carer of disabled child/children | <input type="checkbox"/> |
| Primary Carer of disabled adult (over 18)    | <input type="checkbox"/> | Primary carer of an older person (65+)   | <input type="checkbox"/> |
| Secondary Carer                              | <input type="checkbox"/> | Prefer not to say                        | <input type="checkbox"/> |

**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**

<b>Do you have any prosecutions pending?</b> (if yes give please give details)	YES <input type="checkbox"/>	NO <input type="checkbox"/>

<b>Have you ever been convicted at a court or cautioned by the police for any offence?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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.		

<b>Declaration of Abuse Investigation(s)</b>
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?
YES <input type="checkbox"/> NO <input type="checkbox"/>
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.

Signature:

Date:

Print name:

Any surname previously known by:

Position applied for: