



# Family Care Adoption Services

## APPLICATION FORM

IN CONFIDENCE / PLEASE COMPLETE IN BLACK INK OR TYPESCRIPT

POST APPLIED FOR:

SOCIAL WORKER (F/T) - ADOPTION

ONLY APPLICATION FORMS CONTAINING ALL THE INFORMATION REQUESTED WILL BE CONSIDERED

*THIS FORM SHOULD BE COMPLETED AND SIGNED AND RETURNED TO:  
THE CHIEF OFFICER, FAMILY CARE ADOPTION SERVICES, 97, MALONE AVENUE  
BELFAST BT9 6EQ BY*

**WEDNESDAY 31<sup>st</sup> MARCH 2021 at 4.00PM**

Pursuant to Data Protection Act 1998 and in keeping with the General Data Protection Regulations 2015, this information will be retained for a period of 12 months or as part of any employment record with Family Care Adoption Services.

### PERSONAL INFORMATION

SURNAME	TITLE (Mr, Mrs, Miss, Ms Dr, etc)	FIRST OR GIVEN NAMES
HOME ADDRESS		
ADDRESS FOR CORRESPONDENCE (if different)	HOME TELEPHONE NUMBER	
	DAY TIME TELEPHONE NUMBER	
	EMAIL ADDRESS	
NATIONALITY (Please Tick) EU <input type="checkbox"/> NON EU <input type="checkbox"/> IF NON EU PLEASE SPECIFY	DO YOU HOLD A CURRENT FULL DRIVING LICENCE  YES / NO	
REGISTERED DISABLED PERSON YES / NO		IF YES PLEASE GIVE DETAILS

**EDUCATION**

RESULTS IN GCE / GCSE/ A' LEVEL (or equivalent)			
SUBJECTS PASSED	LEVEL ATTAINED	GRADE	YEAR

**FURTHER EDUCATION**

DEGREE / DIPLOMA / CERTIFICATE	YEAR OBTAINED	COLLEGE OR UNIVERSITY

**PROFESSIONAL QUALIFICATIONS**

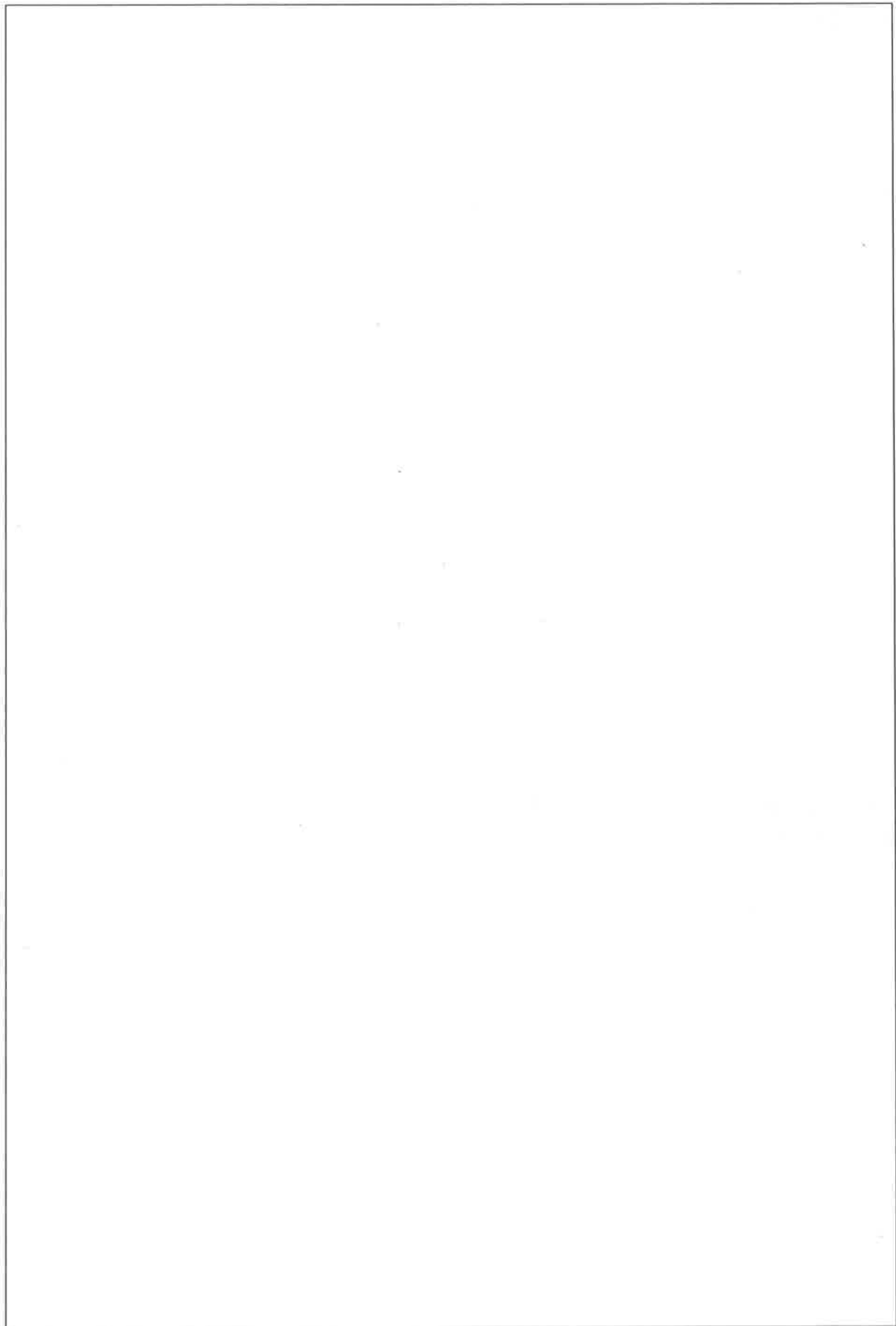
**NISCC Registration Number**

NAME OF PROFESSIONAL BODY	YEAR OBTAINED	COLLEGE OR UNIVERSITY

**EMPLOYMENT HISTORY**

**Present Post**

NAME & ADDRESS OF CURRENT EMPLOYER	DATE APPOINTED	PRESENT SALARY	PERIOD OF NOTICE
FULL TIME <input data-bbox="481 1576 557 1630" type="checkbox"/>  PART TIME <input data-bbox="481 1666 557 1720" type="checkbox"/>	DEPARTMENT (INCLUDING LOCATION OF POST)		GRADE OF POST
PRINCIPAL DUTIES OF PRESENT POST			



**EXPERIENCE**

Please list your previous posts beginning with your most recent.

EMPLOYER	GRADE	MAIN DUTIES	FROM-Year & Month TO-Year & Month

ANY INTERVENING PERIODS OF UNEMPLOYMENT SHOULD BE ACCOUNTED FOR

PLEASE STATE HOW YOUR EXPERIENCE TO DATE HAS A BEARING ON YOUR PRESENT APPLICATION

[Empty response box]

PLEASE DESCRIBE ANY OTHER ACTIVITIES WHICH MAY BE OF INTEREST IN RELATION TO THIS APPLICATION (E.G. PUBLICATIONS, COURSES ATTENDED, INTERESTS, ETC)

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**MEDICAL HISTORY**

**Please give brief details and approximate dates of any periods of sickness during the past FOUR years**

NATURE OF ILLNESS	LENGTH OF ABSENCE FROM WORK

**PLEASE NAME TWO REFEREES, AT LEAST ONE OF WHOM SHOULD BE COMPETENT TO COMMENT ON YOUR PROFESSIONAL ABILITY. IF YOU ARE OFFERED THE POST YOUR PRESENT EMPLOYER WILL BE ASKED FOR A REFERENCE  
(Relatives should not be named as referees)**

1.

NAME

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DESIGNATION/  
OCCUPATION

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ADDRESS

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CAPACITY IN WHICH  
KNOWN TO YOU

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2.

NAME

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DESIGNATION/  
OCCUPATION

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ADDRESS

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CAPACITY IN WHICH  
KNOWN TO YOU

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**DISCLOSURE OF CONVICTIONS**

This post is exempt from the Provisions of the Rehabilitation of Offenders (Exemptions) Order Northern Ireland 1979. You are therefore not entitled to withhold information about any convictions, which for other purposes are regarded as ‘spent’ convictions, under the Provisions of the Order.

It is necessary therefore to ask the questions:

**HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OFFENCE?**

**YES / NO**

IF YES PLEASE GIVE DETAILS

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It should be noted that disclosure of a conviction does not necessarily debar any applicant from obtaining employment

PLEASE PROVIDE ANY ADDITIONAL INFORMATION ON THIS PAGE

**DECLARATION**

The foregoing particulars are complete and correct to the best of my knowledge and belief.

APPLICANTS SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

A candidate found to have knowingly given false information, or to have suppressed any material fact will be liable to disqualification, or if appointed, to dismissal.