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| STREAMVALE FARM JOB APPLICATION form | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ***POST APPLIED FOR:*** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| ***You will receive an email after the closing date either inviting you for interview or letting you know that you were unsuccessful.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Please indicate any planned holiday arrangements:* | | | | | | | | | | | | | | | *From* | | | | | | | | | |  | | | | | | | | | | | | | | *To* | | |  | | | | |  |
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| **Personal Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Title (Mr/Mrs/Miss/Ms/Dr):* | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Forename:* | | | |  | | | | | | | | | | | | | | | | | *Surname:* | | | | | | | | | | | | | | | | |  | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | *Previous Surname:* | | | | | | | | | | | | | | | | |  | | | | | | | | |  |
| *Current Address:* | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| *Telephone No:* | |  | | | | | | | | | | | |  | | | | | | | | | | | | | *Mobile No:* | | | | | | | |  | | | | | | | | | | | |  |
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| *Email:* | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | |  |
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| *Do you have the legal right to work in the UK:* | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | | | | | | | |
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| *If ‘Yes’, and there are conditions attached, for example start or finish dates, please specify:* | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| *If ‘No’, what type of work permit do you require?* | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| ***Driving***  *Do you hold a full current driving licence?* | | | | | | | | | | | | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | | | |  | | | | | | | |
| *Are you a car owner or have you access to a car?* | | | | | | | | | | | | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | | | |  | | | | | | | |
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| **Qualifications** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Institute / School Qualification Obtained Grade*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ***Date Obtained*** | | | |
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| **Other Relevant Qualifications and Course(s) Completed** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Employment Record –** Present / Last Employment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Employers Name:* | | | |  | | | | | | | | | | | | | | | | | | | | | | | | *Telephone No:* | | | | | | | | | | | |  | | | | | | |  |
| *Employers Address:* | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| *Position Held:* | | | |  | | | | | | | | | | | | | | | | | | | | *Date Appointed:* | | | | | | | | | | | | | | |  | | | | | | | |  |
| *Location:* | | | |  | | | | | | | | | | | | | | | | | | | | *End Date:* | | | | | | | | | | | | | | |  | | | | | | | |  |
| *Salary:* | | | |  | | | | | | | | | | | | | | | | | | | | *Notice Period:* | | | | | | | | | | | | | | |  | | | | | | | |  |
| *Why do you wish to leave your present employment?* | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| *Principal duties of present post:* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| **PREVIOUS EMPLOYMENT, INCLUDING RELEVANT VOLUNTARY AND PLACEMENT POSITIONS** (most recent first)  ***Please state if the position was full time or part time*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | ***Name and Address of Employer*** | | | | | ***Position Full/Part Time*** | | | | | | | | | | ***Duties*** | | | | | | | | | | | | | | ***From*** | | | | | | ***To*** | | | | | ***Total Time Reason for***  ***Employed Leaving*** | | | | | |  |
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| **Please give reasons for any gaps in employment history** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  |
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| ***Please describe your personal qualities and how they are relevant to this position.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ***Please state how your previous experience has a bearing on your present application and why you are interested in this position. Use the job description/ person specification as a guide.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| ***Please state any additional information about yourself. For example Hobbies/ interests.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **References**  *Please supply two referees (not relatives) one who should have knowledge of your present and most recent work:*  *If you wish for employers to only be contacted if successful please state….* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| *Name:* | | |  | | | | | | | | | | | | | | | | *Name::* | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  |
| *Address:* | | |  | | | | | | | | | | | | | | | | *Address:* | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  |
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| *Postcode:* | | |  | | | | | | | | | | | | | | | | *Postcode:* | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  |
| *Tel:* | | |  | | | | | | | | | | | | | | | | *Tel:* | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  |
| *Occupation:* | | |  | | | | | | | | | | | | | | | | *Occupation:* | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  |
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| *Capacity in which known to applicant:* | | |  | | | | | | | | | | | | | | | | *Capacity in which known to applicant:* | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  |
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| **Criminal Offences** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *By virtue of the Rehabilitation of Offenders (exceptions) Order (NI) 1979 and because of the nature of the work for which you are applying this post is exempt from the provisions of Article 5 of the Rehabilitations of Offenders (NI) Order 1978. Accordingly you are not entitled to withhold information about convictions, which would otherwise be considered as ‘spent’ under the provisions of the 1978 Order. Failure to disclose such information could result in dismissal or disciplinary action in the event of employment.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Have you been convicted of any criminal offences:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | |  | |  | |  |
| *If Yes please give details below:* | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | *It should be noted that convictions for offences do not necessarily debar an applicant from obtaining employment.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| **Declaration** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *I declare that all the foregoing statements are true and complete to the best of my knowledge and belief. I understand that knowingly giving false information or suppressing any material fact will lead to disqualification or if appointed, to dismissal.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Signature:* | | | | |  | | | | | | | | | | | | | | | | | *Date:* | | | | | | | | | | |  | | | | | | | | | | | | | |  |
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| ***PLEASE ENSURE THAT YOU HAVE COMPLETED ALL RELEVENT PARTS OF THIS APPLICATION FORM INCLUDING THE EQUAL OPPORTUNITIES MONITORING SECTION. FAILURE TO DO SO WILL DISQUALIFY YOUR APPLICATION FROM THE RECRUITMENT PROCESS*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Please return completed application form to:*  *By email to* [*hello@streamvale.com*](mailto:hello@streamvale.com) *Or by Post* | | | | | | | | | | | | | | | | | | **Streamvale Open Farm**  **38 Ballyhanwood Road**  **Belfast**  **BT77SN** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Closing Date: 12th of April 2019 at 5pm.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| |  | | --- | |  |   **Ref.**  **EQUAL OPPORTUNTIES MONITORING FORM** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *You are asked to provide Streamvale Open Farm with information on your community background, gender, marital status, disability and age.*  *The information that you are asked to supply will be treated in the strictest confidence and protected from misuse. It will be used only for the purpose of monitoring our equality of opportunity in employment policy.*  *The terms of this letter are as recommended by Government -* ***FAIR EMPLOYMENT (NORTHERN IRELAND) ACT 1989*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Perceived Religious Affiliation** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Gender** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Martial Status** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Disability** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Under the Disability Discrimination Act 1995, a disability is defined as “a physical or mental impairment which has a substantial and long-term adverse effect on your ability to carry out normal day to day activities”* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Having read this definition do you consider yourself to have a disability?* | | | | | | | | | | | | | | | | | |  | | |  | | |  | |  | |  | |
| **Age** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *Thank you for your co-operation in completing this form. The information given will be treated in the strictest of confidence and will not be used for any purpose other than monitoring our policy on equality of opportunity.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |