

***For official purposes:***

#### Date rec.

Ref No:

**Recruitment Application Form**

**Position Applied for**

|  |
| --- |
| **Finance and Operations Manager** |

**Closing Date**

|  |
| --- |
| **Monday 16 April at 12 noon** |

**Please refer to the Job Description and Personnel Specification before completing the application form.**

**Contact:**

**HR Department**

**Employers For Childcare**

**Blaris Industrial Estate**

**11 Altona Road**

**Lisburn**

**BT27 5QB**

**Tel: 028 9267 8200 Option 4**

**Fax: 028 9267 9200**

**Email: hr@employersforchildcare.org**

**Website: www.employersforchildcare.org**

**Personal Details**

|  |  |
| --- | --- |
| Surname: | Title: MR/MRS/MISS/MS |
| First Names (in full): | Previous Surnames: |
| Address:  Post Code: | Telephone No (including area code):  Mobile Telephone No:  E-mail Address:  National Insurance Number: |

**Do you have a full clean driving license which allows you to drive in NI?**

YES/NO *(delete as appropriate)*

**Do you have your own car?**

YES/NO *(delete as appropriate)*

**Are you able to work flexible, unsocial hours and travel throughout Northern Ireland, UK and elsewhere at times demanded by the job?**

YES/NO *(delete as appropriate)*

**Do you require a permit to work in the EU?**

YES/NO *(delete as appropriate)*

**If yes, please give details**

|  |
| --- |
|  |

**Education/Qualifications**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Subject or Title of**  **Qualification** | **Level of Qualification** | **Grade of Qualification** |
|  |  |  |  |

**Current Professional Qualifications**

Please detail membership of professional organisations or institutes.

|  |
| --- |
|  |

*(Continue on separate sheet if necessary, marked with your name and the post for which you are applying)*

**Employment History**

|  |  |  |
| --- | --- | --- |
| **Name and address of present/most recent employer**  **Name:**  **Address:**  **Post Code:** | **Date appointed**  **(DD/MM/YY)** | **Present salary pa**  **Detail other elements of remuneration package** |
| **Job Title** | |
| **Period of Notice Required or Date of Leaving** | |
| **Please give reason for leaving or reason for seeking alternative employment.** | | |
| **Principal Duties** | | |

## Previous Experience

Please give details of all previous posts held, beginning with the most recent. If you have held more than one position with an employer, please give details of each position. (Please attach additional pages as required)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name & Address**  **of Employer** | **Dates Employed** | | **Salary upon leaving** |
| **From** | **To** |
|  |  |  |  |
|  | | | |
| **Position Held & Description of Duties** | | | |
|  | | | |
| **Reason for Leaving** | | | |
|  | | | |

**Gaps in Employment**

If there are any gaps in your employment, please explain in this section.

|  |
| --- |
|  |

*(Continue on separate sheet if necessary, marked with your name and the post for which you are applying)*

## Previous Experience

Please give details of all previous posts held, beginning with the most recent. If you have held more than one position with an employer, please give details of each position. (Please attach additional pages as required)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name & Address**  **of Employer** | **Dates Employed** | | **Salary upon leaving** |
| **From** | **To** |
|  |  |  |  |
|  | | | |
| **Position Held & Description of Duties** | | | |
|  | | | |
| **Reason for Leaving** | | | |
|  | | | |

**Gaps in Employment**

If there are any gaps in your employment, please explain in this section.

|  |
| --- |
|  |

*(Continue on separate sheet if necessary, marked with your name and the post for which you are applying)*

**Information for Shortlisting Purposes Ref No:** \_\_\_\_\_\_\_\_\_\_

Please outline your experience in relation to the essential criteria as specified in the Personnel Specification. Shortlisting will be based on the evidence that you supply below to satisfactorily demonstrate how, and to what extent, you meet the criteria. The Shortlisting Panel will not make assumptions as to your circumstances, qualifications, and experience.

|  |
| --- |
| **Essential Criteria - Qualifications** |
| Applicants must be fully qualified accountants (ACA/ACCA/CIMA) |

|  |
| --- |
| **Essential Criteria - Experience** |
| A minimum 5 years’ post-qualification experience |

|  |
| --- |
| **Essential Criteria - Experience** |
| Experience of Sage 50 Accounts Professional, Microsoft Office and payroll software. |

|  |
| --- |
| **Essential Criteria - Experience** |
| A minimum 1 years’ operational management experience to include the management of key contracts and SLA’S |

|  |
| --- |
| **Essential Criteria - Experience** |
| Experience of and proven track record of staff management ***(Please detail your reporting structure i.e. how many staff reported directly to you and your level of management within the organisation)*** |

|  |
| --- |
| **Desirable Criteria - Experience** |
| Preparing year end accounts for a charity |

|  |
| --- |
| **Desirable Criteria - Experience** |
| Experience within a leisure or retail environment. |

*(Continue on separate sheet if necessary, marked with your name and the post for which you are applying)*

*(Continue on separate sheet if necessary, marked with your name and the post for which you are applying)*

**References**

|  |  |
| --- | --- |
| Please provide contact details for all previous employers within the last 10 years. References will not be sought without prior approval of applicant.  (Please attach additional pages as required) | |
| Name:  Occupation:  Address:  Post Code:  Telephone Number:  Email:  How long has this person known you:  What capacity does this person know you? | Name:  Occupation:  Address:  Post Code:  Telephone Number:  Email:  How long has this person known you:  What capacity does this person know you? |
| Name:  Occupation:  Address:  Post Code:  Telephone Number:  Email:  How long has this person known you:  What capacity does this person know you? | Name:  Occupation:  Address:  Post Code:  Telephone Number:  Email:  How long has this person known you:  What capacity does this person know you? |

**Holiday Arrangements**

**Please indicate planned holiday arrangements or other dates when you are unavailable for interview**.

|  |
| --- |
|  |

Employers For Childcare is under no obligation to take account of holiday arrangements but will endeavour to do so.

**Advertising**

Please indicate where you heard of this vacancy:

**□ NIJobs.com □ CommunityNI □ Job Centre □ Word of mouth**

**□ Employers For Childcare Website □ Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# APPLICANT’S DECLARATION

I declare that all the information I have given is correct. I understand that any false information given or information omitted may result in any offer of employment being withdrawn or in employment being terminated.

I understand that the appointment is subject to receipt of satisfactory reference, the verification of qualifications required for the post (as per the Personnel Specification) and relevant AccessNI disclosure check. Please be advised that Employers For Childcare adheres to the Access NI Code of Practice and has a policy on the recruitment of ex-offenders, copies of which are available upon request from the HR Department.

I hereby consent for the information on this form will be collected, stored and processed by Employers For Childcare in line with the Fair Employment and Treatment (NI) Order 1998 and provisions of the Data Protection Act (1998). I understand that my applications will be stored for up to a 12 month period in line with the above legislation.

**SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| Finance and Operations Manager |

|  |
| --- |
|  |

Post Applied For: Reference No:

**PLEASE BE ADVISED THAT THIS PAGE SHALL NOT BE MADE AVAILABLE TO THE SHORTLISTING PANEL – FAILURE TO COMPLETE THIS SECTION WILL RENDER YOUR APPLICATION INVALID.**

**MEDICAL HISTORY**

|  |
| --- |
| Please provide details and approximate dates of **all periods** of sickness during the **past 5 years**.  *(Please continue on separate sheet if necessary)* |

|  |  |  |
| --- | --- | --- |
| **Dates of Sickness** | **No. of days** | **Reason for Sickness** |
|  |  |  |
|  |  |  |
|  |  |  |
| Please give details of any illness you suffer from or have suffered from which could affect your capacity to work.  Employers For Childcare reserves the right to verify the above information with your current or previous employer. | | |

**CRIMINAL CONVICTIONS**

Please note a satisfactory Access NI Clearance is required prior to commencement of employment. A criminal record or answering ‘Yes’ to any of the below questions will not necessarily be a bar to obtaining a position.

Do you have any convictions that are not "protected" as defined by the Rehabilitation of Offenders (Northern Ireland) Order 1978, as amended in 2014?

YES/NO *(delete as appropriate)*

Have you any legal charges currently outstanding? YES/NO *(delete as appropriate)*

|  |
| --- |
| *If so, please give details. You need not include motoring convictions unless your driving licence has a current endorsement as a result, and you need not include convictions which are “spent” under the Rehabilitation of Offenders (NI) Order 1978, as amended in 2014.*  *Please refer to the Table of Rehabilitation Periods in the Information Pack.* |
|  |



**Equal Opportunities Monitoring Form**

*In strictest confidence*

We are an Equal Opportunities employer and we welcome applicants regardless of religious belief, political opinion, race or ethnic origin, gender, marital status, sexual orientation, disability or age.

You are not obliged to answer the questions on this form and you will not suffer any penalty if you choose not to do so. Nevertheless, we encourage you to answer these questions. Your answers will be used by us to prepare and submit a monitoring return to the Equality Commission, but your identity will be kept anonymous. In all other regards your answers will be treated with the strictest confidence. We assure you that your answers will not be used by us to make any decisions affecting you, whether in a recruitment exercise or during the course of any employment with us.

The use and confidentiality of Community Background information is protected by the Fair Employment and Treatment (NI) Order 1998. It will be used only for monitoring, investigations or proceedings under the requirements of the above legislation.

|  |
| --- |
| Finance and Operations Manager |

|  |
| --- |
|  |

# Post Applied For: Reference No:

**1. Community Background**

Regardless of whether we practice religion, most of us in Northern Ireland are seen as either Protestant or Roman Catholic.

Please indicate your community background: (delete as appropriate)

**□ I am a member of the Protestant community**

**□ I am a member of the Catholic community**

**□ I am not a member of either the Protestant or the Catholic community**

If you do not answer the above question, we are encouraged to use the residuary method of making a determination, which means that we can make a determination as to your community background on the basis of the personal information supplied by you in your application form.

**2. Gender** (delete as appropriate)

**□ Female □ Male**

**3. Age**

Please state your date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. Disability**

In line with 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? (delete as appropriate)

**□Yes □ No**

***Note: If you answer this questionnaire you are obliged to do so truthfully as it is a criminal offence under the Fair Employment (Monitoring) Regulations (NI) 1999 to knowingly give false answers to these questions.***