



Barnet Churches Action,
117 Fitzjohn Avenue,
Barnet,
Hertfordshire,
EN5 2HR

SENIORS OUTREACH WORKER (& ASSISTANT MANAGER) APPLICATION

NAME OF CANDIDATE:

Please return all completed application forms and or supplementary documents by closing date of Friday, March 29, 2024, to: The Trustees, Hope Corner Community Centre, 185 Mays Lane, Barnet, EN5 2DY. or email it electronically to barnetca@outlook.com

APPLICANT'S PERSONAL DETAILS

Title:	Surname:	First Name(s):	
Known as (if applicable):		Any former name(s):	
Address:			
If you have lived at this address for less than 5 years, please list all other addresses at which you have lived during this period with dates:			
Address		Dates	
Telephone numbers:	Home:	Mobile:	Work:
Email Address:			
How do you prefer to be contacted?			
National Insurance No.:			
DBS. No.:		DBS check date:	

DETAILS OF APPLICANT'S PRESENT EMPLOYMENT

Are you presently employed? Yes: No: If no, please proceed to the next section.

Details of Present Post

Name and address of employer:

Post title:

Local Authority (if applicable):

Permanent Temporary Full time Part time Job Share

Date of Appointment: Notice period required:

Reason for leaving (if applicable):

Gross annual salary:

Description of key duties/responsibilities:

APPLICANT'S EMPLOYMENT HISTORY AND WORK EXPERIENCE

Please complete in chronological order, starting with the most recent:

Full name and address and nature of business	Full or Part time	Job title and brief description of duties and responsibilities	Dates employed Month/Year From – To	Reason for Leaving

If there are any periods of time that have not been accounted for in your application, for instance, periods spent raising a family or of extended travel, please give details of them here with dates. The information provided in this form **must** provide a complete chronology from the age of 16 – please ensure that there are no gaps in the history of your education, employment and other experience. Failure to provide a full account may lead to your application being rejected.

Dates (From – to)	Activity

POST-11 EDUCATION AND TRAINING

Please complete in chronological order, starting with the most recent:			
Full name and address of establishment	Full time or part time	Dates Attended Month/Year From – To	Qualifications (Grades)

Safeguarding Training	
Date of most recent safeguarding training, if relevant:	

INTERESTS AND HOBBIES

Please list your interests and hobbies outside of work:

SUPPORTING STATEMENT

Please provide a written statement of no more than 1,300 words detailing why you believe your experience, skills, personal qualities, training and/or education are relevant to your suitability for the post advertised and how you meet the person specification applicable to the post.

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REFERENCES

It is the responsibility of the applicant to ensure that all named references have consented to providing a reference. If providing a reference from your present employer may prove difficult, please Indicate here:

Present Employer:	
Name:	
Address:	
Role:	
Telephone:	Email:

Other Professional:	
Name:	
Address:	

Role: (if applicable)			
Telephone:		Email:	
Relationship to referee:			

Additional Professional (e.g Parish Priest where you regularly worship, solicitor, doctor, etc.)			
Name:			
Address:			
Telephone:		Email:	

Notes:

- (i) We reserve the right to take up references with any previous employer prior to interview. Please advise if you do not want us to do so at this stage and provide reasons.
- (ii) If any of your referees knew you by another name, please specify that name(s) here:

<p>If you have a disability, is there anything we need to know about your disability in order to offer you a fair selection interview (if shortlisted)? Yes: <input type="checkbox"/> No: <input type="checkbox"/> If yes, please give details of adjustment required:</p>

DISCLOSURE OF CRIMINAL AND CHILD PROTECTION MATTERS AND DISCLOSURE & BARRING SERVICE CHECKS

The Trustees are obliged by law to operate a checking procedure for employees who have access to children, young people and vulnerable adults. Please confirm whether you have ever been the subject of any child protection concern either in your work or personal life, or been the subject of, or involved in, any disciplinary action in relation thereto, including any which is time expired.

If yes, please provide details:

By checking the box below I hereby confirm that I am not disqualified from working with children and/or have information held about me under section 142 Education Act 2002 (formerly known as inclusion on the DfE List 99):

In the event of a successful application an offer of employment may be made to you which is conditional upon receipt of satisfactory Disclosure and Barring Service Checks (“DBS Checks”) (formerly CRB Check and ISA Check) in relation to criminal and child protection matters. Please note that a conviction will not necessarily be a bar to obtaining employment.

By checking the box below you hereby consent to a DBS Check(s) being made to the Disclosure and Barring Service (“DBS”):

DATA PROTECTION ACT 1998

By checking the box below I hereby give my consent for personal information (any information which may be considered Personal Data and/or Sensitive Data within the meaning of the Data Protection Act 1998, which includes recruitment monitoring data) provided as part of this application to be held on computer or other relevant filing systems and to be shared with other accredited organisations or agencies in accordance with the Data Protection Act 1998.

DECLARATION

If you know that any of the information that you have given in this application form is false or if you have knowingly omitted or concealed any relevant fact about your eligibility for employment which comes to our attention, your application may be withdrawn from the recruitment process.

Providing false information is an offence and may result in this application being rejected. If such a discovery is made after you have been appointed then you may be liable to be dismissed summarily.

By signing below, I hereby certify that all the information given by me both on this form and in any supplementary pages and/or the supporting evidence provided, is correct to the best of my knowledge and belief, that all the questions relating to me have been accurately and fully answered and that I possess all the qualifications that I claim to hold.

I acknowledge that it is my responsibility as the applicant, if invited for interview, to disclose information to the panel which may affect my suitability and/or eligibility to work with children and/or vulnerable adults.

Signature:	
Date:	