



VOLUNTEER FORM

Application No.:

Ref. No.:

Central Office: 57 Fitzroy Avenue

Belfast BT7 1HT.

Tel: (02890) 232882

Fax: (02890) 326839

PRIVATE & CONFIDENTIAL

Closing date:

Post:



PERSONAL DETAILS

Surname:

Mr / Mrs / Miss / Ms / Other (Specify):

Forename(s):

Address:

Telephone:
Daytime (inc. STD Code)

Home (inc. STD Code)

Mobile:

E mail address:

REFERENCES

Please give the name, address, telephone number and occupation of two referees, one of who should be your current/most recent employer. Your referees should be in a position to assess your skill, knowledge and aptitude for this post, stating in what capacity they know you. **Referees should not be related to you.**

Please note: a current employer's reference will be required before appointment. No reference will be requested prior to appointment without seeking your permission.

Name *
Address *
Telephone *
Capacity

Name *
Address *
Telephone *

LOCATION:

Please indicate below your preferred location

SHOPS	ANTRIM ROAD	
	BALLYNAHINCH	
	BANGOR	
	NEWTOWNARDS	

PROJECT	BANGOR	
	CAVEHILL	
	CLIFTONVILLE AVENUE	
	CONWAY COURT	
	COLERAINE	
	DERRY	
	DOWNPATRICK	
	BALLYMENA	
	FALLS ROAD	
	BELFAST – FOYER	
	LABURNUM HOSTEL	
	LARNE	
	LISBURN	
	NEWRY	
	SAINTFIELD ROAD	

EXPERIENCE and other information to support application:

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DECLARATION OF CRIMINAL CONVICTION

Have you ever been convicted of a criminal offence, which cannot be considered 'spent' under the Rehabilitation of Offenders Act (NI) Order 1978?

Yes No

If yes please specify below:

FOR INDIVIDUALS APPLYING TO WORK IN RESIDENTIAL PROJECTS OR IN FLOATING SUPPORT SERVICES, PLEASE NOTE THE FOLLOWING:

Rehabilitation of Offenders (NI) Order 1978 Rehabilitation of Offenders (Exceptions) Order (NI) 1979

1. Because of the nature of the work for which you are applying, these posts are excepted from the provisions of the 1978 Order. Applicants are, therefore, not entitled to withhold information about convictions that are for other purposes "spent" under the provisions of the Order. In the event of employment, failure to disclose such convictions could result in dismissal or disciplinary action by the Simon Community NI. Any information given will be treated as strictly confidential and will be considered only in relation to applicants to which the Order applies.
2. For applicants who may work directly with our client group, you will be required to give your consent for a Protection of Children and Vulnerable Adults (POCVA) check. Please note that these checks are only carried out for preferred candidates.

I declare that the information I have given is true to the best of my knowledge and that inaccurate or false information given may result in an offer of employment being withdrawn.

Applicant's signature: _____

Date: _____

SIMON COMMUNITY NORTHERN IRELAND IS AN EQUAL OPPORTUNITIES EMPLOYER