

Knowsley Disability Concern

Application – *Direct Payments Peer Support Group* Coordinator

PRIVATE & CONFIDENTIAL

Return this form to:

Johanne Ross
Administration Officer
Knowsley Disability Concern
263A Tarbock Road
Huyton
L36 0SD
recruitment@kdc.org.uk



Title:	Mr / Mrs/ Ms/ Miss/ Other (delete as appropriate)		
Surname:			
Forename(s):			
Date of Birth:			
Address:			
Post Code		Email	
NI Number		Home Telephone	
Work Telephone		Mobile:	
Current driving license?	Yes/No		
Groups			
Expiry Date:			
Details of Endorsement:			
Are there any restrictions on you taking up work in the UK? Yes/No (If yes please provide details)			

Education			
Dates From – To	Name & Address of School	Qualifications	Grades
Dates From – To	Name & Address of College / Universities attended	Qualifications	Grades
Other relevant training (continue on a separate sheet if necessary)			

OTHER EMPLOYMENT

Please note any other employment you would continue with, if you were to be successful in obtaining this position.

LEISURE

Please note here your leisure interests, sports and hobbies, or other pastimes, etc.

EMPLOYMENT HISTORY (Please complete in full using a separate sheet if necessary, starting with your most recent employment and give reasons for any gaps in employment)

From – To	Name & Address of employer	Job Title & Duties (Brief description)	Salary on leaving	Reason for leaving

REFERENCES

Please provide details of two referees who can provide information relating to your competency in a caring role, one of whom must be your present or most recent employer. If you are a student, please give an academic referee. If you are applying for a post which requires unsupervised access to children/vulnerable adults, KDC reserves the right to approach any past employer for a reference.

1.	Name:	2.	Name:
	Position:		Position:
	Organisation:		Organisation:
	Address:		Address:
	Postcode:		Postcode:
	Tel No.		Tel No.
	May we approach the above prior to interview? Yes/No		May we approach the above prior to interview? Yes/No

GENERAL COMMENTS

Please detail here your specific reasons for this application, your main achievements to date and the strengths you would bring to this post. You should provide evidence of your knowledge, skills and experience in relation to the following essential criteria set out in the person specification. Please note that the provision of a CV will not be accepted as evidence. Please use separate sheet/s (if necessary labelling each with the relevant criteria)

1. Experience of Direct Payments and their use

2. Experience of organising, planning and facilitating meetings

3. A working knowledge of employment legislation

4. Knowledge of a range of services available in Knowsley

5. Ability to communicate key messages in a range of formats to a large number of people

6. Experience in using Microsoft Office applications including Outlook

7. Experience of preparing clear written and verbal reports and presentations

8. Ability to work independently and use own initiative

9. Ability to be flexible and organise time according to the demands of the project

10. Ability to travel throughout the Borough of Knowsley and its borders

SPECIAL REQUIREMENTS (CARE SECTOR)

Because this position involves the care of children and/or vulnerable adults employment is dependent on the following:

1. Your written consent to obtaining a standard/enhanced disclosure certificate from the Disclosure and Barring Service (CRB) or an approved umbrella body.
2. Such disclosure being acceptable to the company.
3. Proof of identity – birth or marriage certificate (where appropriate) and passport (if available).
4. Two satisfactory written references.
5. That you will supply a photograph of yourself for retention in your records.
6. Evidence of physical or mental suitability for your work.

CAUTIONS, REHABILITATION AND CRIMINAL RECORDS

Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974, by virtue of the Exceptions Order 1975 as amended by the Exceptions (Amendment) Order 1986, which means that convictions that are spent under the terms of the Rehabilitation of Offenders Act 1974 **must be disclosed**, and will be taken into account in deciding whether to make an appointment. Any information will be completely confidential and will be considered only in relation to this application.

In addition **you are required** to submit to a Criminal Records Bureau check. Any

standard or enhanced disclosure made by the CRB/SCRO will remain strictly confidential.

Have you ever been convicted in a Court of Law and/or cautioned in respect of any offence? YES/NO (delete as required)

If YES, please give details

DECLARATION (Please read carefully before signing this application)

1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.
2. Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor. I agree that the organisation reserves right the right to require me to undergo a medical examination.
3. I agree that should I be successful in this application, I will, if required, apply to the Criminal Records Bureau/Scottish Criminal Records Office for a standard or enhanced (as appropriate) disclosure. I also agree that the company may apply to my previous employers for references. I understand that should I fail to do so, or should the disclosure or reference not be to the satisfaction of the company, any offer of employment may be withdrawn or my employment terminated.
4. As part of the recruitment procedure, we may collect and store sensitive personal data about you. We are required by law to obtain your consent to such data being recorded. It is our policy to store data relating to recruitment procedures for a minimum of 12 months after the date, on which it is submitted, for internal auditing purposes. Any information of this nature will be treated confidentially. Sensitive personal data is defined as information relating to any of the following: racial or ethnic origin; political opinions; religious beliefs; trade union membership; health; sexuality or sex life; offences and/or convictions. For the purposes of the Act the Data Controller is Joyce Duckworth. I acknowledge that by signing this form I give my consent to sensitive personal information being recorded and stored.

Signed:

Date:

EQUAL OPPORTUNITIES MONITORING FORM

Please complete this form which helps us to monitor applicants for equality purposes. The data will be kept confidentially in line with Data Protection legislation and will only be used for general statistical and monitoring purposes, will remain anonymous and not be taken into account in assessing information on your application form.

Title of the job applied: Peer Support Group Coordinator **Location:** Huyton

Gender:

- Male Female

Ethnic origin

Ethnic origin is not about nationality, place of birth or citizenship. It is about broad ethnic groups. You might belong to any of the groups indicated.

How would you describe your ethnic origin?

- British Irish Welsh English Scottish Any other white background
- White and Asian White and Black Caribbean White and Black African
- Any other mixed background
- Indian Pakistani Bangladeshi Any other Asian background
- Caribbean African Any other black background
- Chinese Any other Chinese background Any other ethnic background
- Do not wish to declare my ethnic group

Age:

- 16-25 26-35 36-45 46-55 56-65 Over 65

Disability details

Knowsley Disability Concern believes that people are disabled by the barriers society places in their way and not by their own impairments. We believe that everybody has a role to play in society and we want Knowsley Disability Concern to benefit from the widest range of talent available. Our recruitment policy aims to reflect these beliefs.

Do you consider that you have one or more impairments such as those listed below?

- Yes No Do not wish to declare

- Cerebral palsy
- Physical impairment
- Dyslexia / dyspraxia
- Speech impairment
- Mental health condition current or previous (e.g. depression)
- Blind or impaired vision not correctable by glasses

- Deaf or hard of hearing
- Wheelchair user
- Autism
- Learning difficulties
- Long-term medical condition or illness (including anything for which you take regular prescribed medication or need regular medical treatment e.g. diabetes, cancer, epilepsy, asthma etc.)

This list is not exhaustive.

KNOWSLEY DISABILITY CONCERN

