

**MARASHEN CRESCENT HOUSING COMMITTEE and
CASTLETOWN & MALEW ELDERLY PERSONS BOARD**

**Commissioners' Office
Town Hall
Port St. Mary
IM9 5DA
(01624) 832101**

E-mail : commissioners@portstmary.gov.im

CONFIDENTIAL

CASUAL SHELTERED HOUSING CO-ORDINATOR / WARDEN

* Delete as Appropriate

1) PERSONAL DETAILS:

Surname _____ *(Mr/Mrs/Miss/Ms) Forenames _____

Address _____

Telephone (Home) _____ (Business) _____ (Mobile) _____

Date of Birth _____ Place of Birth _____

Nationality _____ National Insurance Number _____

Do you hold a current Isle of Man / UK Valid Driving Licence? *YES/NO

Do you have access to your own transport? *YES/NO

2) RESIDENTIAL STATUS:

Are you an Isle of Man Worker as defined in the Control of Employment Act? *YES/NO

If YES under which section of the guidance notes do you qualify? _____

If living on the Isle of Man, when did you take up residence? _____

3) MEDICAL HISTORY :

Have you any disability (please state nature) *YES/NO _____

Are you a registered disabled person? *YES/NO _____

Have you had any serious illness within the last 5 years? (If YES, please indicate if you are receiving any medical treatment at present or taking any medication) *YES/NO

Please set out any absences for sickness over the past 2 years _____

Sections. 4 to 7 – If you already have a CV prepared please append to application form rather than completing sections. Please ensure that you indicate the Notice period you are currently required to give.

4) EDUCATION :

Name and Location of Secondary School(s)	Dates		Specify all Subjects and Results / Exams taken with Dates and Level
	From	To	

5) FURTHER EDUCATION:

University /College	Dates		Details of Course / Exam Results with dates taken.
	From	To	

6) MEMBERSHIP OF PROFESSIONAL / TECHNICAL INSTITUTIONS:

Dates	Details: Please Give Full Title And Common Abbreviations

7) EMPLOYMENT HISTORY:

Commencing with current / most recent post – continue on a separate sheet if necessary			
Dates		Employers Name, Address & Nature of Business	Position and details of responsibilities – please include reason for leaving and final salary
From	To		

How much Notice does your present employer require? _____ *months / weeks

8) REFERENCES:

Please provide the names of two persons (other than relatives or members or officers of Marashen Crescent Housing Committee, Castletown & Malew Elderly Persons Board or Port St. Mary Commissioners) from whom references may be obtained. Where possible one must be your present or last employer or someone who can comment on your work performance. Referee names should not be given without the consent of the person concerned.

Name _____ Name _____

Position Held _____ Position Held _____

Address _____ Address _____

May we approach either or both referees prior to interview? *YES/ NO

9) CRIMINAL OFFENCES: (please refer to the enclosed notes attached before completing this section)

Do you hold a criminal conviction that is not considered spent in accordance with the Rehabilitation of Offenders Act 2001? *YES/NO

Are you currently the subject of any criminal proceedings? *YES/NO

If the answer to either question is YES, please give particulars:

(Answering YES does not automatically bar you from employment. Each case is considered on its merits).

10) ADVERTISING / PUBLICITY: From which publication or other source did you learn of this post?

11) DECLARATION:

I declare that to the best of my knowledge and belief, the information in this application form and my C.V. is true and accurate. I understand that if any material details I have given are found to be false, or that I have withheld relevant information, my application may be disqualified or, if already in employment, my appointment terminated. I understand that personal details about me will be held electronically and manually for employment purposes, subject to the requirements of the Data Protection Act 2018. I hereby give permission for a Police check to be carried out if I am offered an appointment and it is considered appropriate.

Signature _____

Date _____

CANDIDATES SHOULD NOTE THAT COPIES OF THIS APPLICATION FORM, REFERENCES AND ANY TESTS UNDERTAKEN IN CONNECTION WITH YOUR APPOINTMENT MAY BE COPIED TO BOARD MEMBERS OF MARASHEN CRESCENT HOUSING COMMITTEE AND CASTLETOWN & MALEW ELEDERLY PERSONS BOARD CONSIDERING YOUR APPLICATION.