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| **Post** | Chef | **Closing Date** | 30TH OCTOBER | **Reference** | 14C/ |

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| **Contact Details** | | | | | | |
|  | | | | | | |
| **Surname** |  | **Forename(s)** |  | | **Title** |  |
| **Address** |  | | **Telephone** |  | | |
| **Mobile** |  | | |
| **Post Code** |  | | **Email** |  | | |

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| **Do you hold a current valid Driving Licence?** | | | |  | **Do you have access to a car/vehicle for business use?** | | | |
| **Yes** |  | **No** |  |  | **Yes** |  | **No** |  |
| **Details of Endorsements** | | | | | | | | |
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| **References** | |
| Please detail here the name, address, telephone number and email address of two persons from whom we may obtain references, at least one must be your current or most recent employer (prior permission will be sought before contacting any referee): | |
| **Work Reference** | **Work or Character Reference** |
| **Name Occupation Address  Telephone Email** | **Name Occupation Address  Telephone Email** |

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| **Criminal Record** |
| Please note any criminal convictions except those ‘spent’ under the Rehabilitation of Offenders (Northern Ireland) Order 1978. If none please state. |
|  |
| **Health Details** |
| Please specify any special arrangements you require to attend for interview? |
|  |
| Please list any absences from work in the past twelve months (periods of one week or more) |
|  |
| Do you consider yourself disabled (as classified under the Disability Discrimination Act)? Yes No  If yes please provide further details: |
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| **Education and Qualifications** | | | |
| Please detail all courses which are relevant to the post, including any courses which you are currently undertaking | | | |
| **Place of Study** | **Course/Subject** | **Dates (from-to)** | **Qualification/Grade** |
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| **Professional Membership** | | | |
| Please detail any professional accreditations, and/or membership of professional bodies | | | |
| **Institute** | **Qualification** | **Membership Number** | **Dates** |
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| **Employment** | | | | |
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| **Current or Most Recent Employment** | | | | |
| **Position Held** | **Employer Name and Address** | **Dates (From – To)** | **Salary Details** | **Notice Required** |
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| **Brief description of duties, responsibilities and key achievements *(please limit your response to this text box – no additional pages will be reviewed)*:** | | | | |
| **Reason for leaving** |  | | | |

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| **Previous Employment** | | | | | |
| **Position Held** | | **Employer Name and Address** | **Dates (From – To)** | **Salary Details** | **Reason for Leaving** |
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| **Essential Criteria** | | | | | |
| **Please provide evidence a proven working knowledge of English and Continental cooking** | | | | | |
|  | | | | | |
| **Please provide evidence of an excellent knowledge of HACCP and its implementation** | | | | | |
|  | | | | | |
| **Please provide evidence of NVQ level 3 or equivalent or a minimum of three years’ experience in a similar organisation** | | | | | |
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| **Please provide evidence of a Food Hygiene Certificate** | | | | | |
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| **Desirable Criteria** |
| **Please provide evidence of a valid first aid qualification** |
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| **Please provide evidence of holding an advanced food safety certificate** |
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| **Please provide evidence of previous experience of menu planning** |
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| **Please provide evidence of previous experience of cost control** |
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| **Please provide evidence of ability to use Word, Excel and email to a basic level** |
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| **Eligibility to Work in the United Kingdom** | | | | |
| To comply with the Asylum and Immigration Act 1996, all prospective employees will be asked to supply evidence of eligibility to work in the UK. We will ask to see an appropriate official document (e.g. a document showing your national insurance number, if you have one, your birth certificate, passport or similar documentation). **Do not** send these now; further information will be sent to you if you are shortlisted to be invited for interview. | | | | |
| **Do you require a work permit to work in the UK?** | **Yes** |  | **No** |  |
| **If you already hold a work permit, what is the expiry date?** |  | | | |

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| **Declaration** | | | |
| **I confirm that the information provided by me is complete and correct and that any untrue or misleading information will disqualify me from appointment; or if appointed, give my employer the right to terminate any employment offered.** | | | |
| **Signed:** |  | **Date:** |  |

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| All completed application forms must be returned via email to: | **Email**  **Post** | **marysbar@btconnect.com**  **Recruitment Mary’s Bar 10 Market Street, Magherafelt  Co. Derry  BT45 6ED** |
| Deadline for receipt of completed applications forms: | **30th October @ 5pm §** | |
| **Incomplete applications or applications received after the deadline will not be considered** | | |