

Application Form (b)	Sexual Violence Services Development Worker	Office Use Only
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Name in full (BLOCK LETTERS)

Postal address (BLOCK LETTERS) (Please notify us at once of any change in your address)

Phone Number: _____

Mobile number: _____

E-mail: _____

DECLARATION

I certify that the information given in this application is accurate and complete to the best of my knowledge.

Signed: _____ Date: _____

Please note that the signing of this application form indicates that you have read the job description and any other information issued by the Company and that you can comply with the requirements of the post. Any false statements could result in the application being declared invalid.

Before signing this form, please ensure that you have replied fully to all questions.

1. General Education				
Starting with the most recent, please list secondary level results				
School/College Attended	From	To	Examinations	Results

2. Further Education, Higher Education, Training, Professional Qualifications					
Starting with the most recent, please list all Certificates, Diplomas, Degrees and specify dates of attainment.					
Candidates called to interview will be asked to present verifications of awards.					
<i>Please use an additional sheet if necessary.</i>					
Institution/University/College	From	To	Course Title, QQI Level/Qualification	Accrediting Body/Examining Body	Year Qualification Obtained

3. Memberships

Starting with the most recent, please list all Professional Bodies, Voluntary and Community Sector Organisation which you are or have been a member. If you played a specific role or undertook special responsibility within the organisation, please give details.

Please use an additional sheet if necessary.

Name of Professional Body, Voluntary &/or Community Organisation etc	Role	Year/s of Membership

4. List of Work Experience including Paid and Voluntary

Starting with the most recent, please list all paid and voluntary experience. Specific details will be requested further on.

Please use an additional sheet if necessary.

From (Month/Year)	To (Month/Year)	Title of Post	Employer Organisation/Voluntary Organisation

5. Employment Record

Starting with your current or most recent employer, please give details of your work, paid or unpaid, full time or part time and hours per week worked.

Please use an additional sheet/s if necessary

From (Month/Year)	To (Month/Year)	Employer Name and Address	Job Title	Full time/Part time/Paid/ Unpaid/Hrs

Please give details of main responsibilities, significant features etc

From (Month/Year)	To (Month/Year)	Employer Name and Address	Job Title	Full time/Part time/Paid/ Unpaid/Hrs

Main Responsibilities, Significant Features etc

From (Month/Year)	To (Month/Year)	Employer Name and Address	Job Title	Full time/Part time/Paid/ Unpaid/Hrs

Main Responsibilities, Significant Features etc

From (Month/Year)	To (Month/Year)	Employer Name and Address	Job Title	Full time/Part time/Paid/ Unpaid/Hrs

Main Responsibilities, Significant Features etc

From (Month/Year)	To (Month/Year)	Employer Name and Address	Job Title	Full time/Part time/Paid/ Unpaid/Hrs

Main Responsibilities, Significant Features etc

6. Please describe your understanding of community development in a rural setting.

7. Please outline your experience, skills and abilities in relation to project development and/or project management. *Please give examples.*

8. Please outline your experience of identifying and organising supports and services in a community based setting. *Please give examples.*

9. Please give three examples from your work history of planning, developing and delivering programmes or initiative

i)

ii)

iii)

10. Please outline your experience in relation to working at an inter-agency level, with voluntary organisations and statutory agencies. *Please give examples.*

11. Please describe how you have achieved buy-in from several organisations and services to deliver on an activity or service. *Please give examples.*

12. Please describe your experience of working with trauma or services which have a trauma informed practice. *Please give examples.*

13. Have you ever successfully accessed grants or funding in any previous role? *Please give examples.*

14. With reference to the Person Specification, what are your key attributes that you consider make you suitable for this post? *Please give examples.*

15. Why are you applying for this post?

16. Please list your hobbies/pastimes/interests.

17. Please outline any other supporting information that you consider is relevant to your candidature for this post.
Please use an additional sheet if necessary.

18. IT and Social Media Skills
Please outline your competency level with the following:

Word:	Limited knowledge <input type="checkbox"/>	Extensive knowledge <input type="checkbox"/>	Qualification / award <input type="checkbox"/>
Excel:	Limited knowledge <input type="checkbox"/>	Extensive knowledge <input type="checkbox"/>	Qualification / award <input type="checkbox"/>
PowerPoint:	Limited knowledge <input type="checkbox"/>	Extensive knowledge <input type="checkbox"/>	Qualification / award <input type="checkbox"/>
One Drive:	Limited knowledge <input type="checkbox"/>	Extensive knowledge <input type="checkbox"/>	Qualification / award <input type="checkbox"/>
Publisher:	Limited knowledge <input type="checkbox"/>	Extensive knowledge <input type="checkbox"/>	Qualification / award <input type="checkbox"/>

Please list the Social Media platforms that you can use:

19. Have you access to your own transport for work?

Yes No

20. Do you hold a current clean driving license?

Yes No

21. Are there any legal restrictions in relation to your availability to take up employment?

Yes No

If YES please give details.

22. If appointed, when could you commence employment?

References

Give details of two referees.

One must be your current or most recent employer.

No contact will be made with referees without your permission.

In the event of a job offer, would you be willing to give your permission to contact the two referees for a reference?

Yes No

1. Please state your relationship to this referee:

Name:

Address:

Email:

Telephone No:

2. Please state your relationship to this referee:

Name:

Address:

Email:

Telephone No: