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| Please complete and email this application form to: |
| [**rhoda@nirdp.org.uk**](mailto:rhoda@nirdp.org.uk) |



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| **SECTION 1:** | **BACKGROUND TO THE NORTHERN IRELAND RARE DISEASE PARTNERSHIP AND THE POST OF PROJECT OFFICER** |

**Northern Ireland Rare Disease Partnership**

The Northern Ireland Rare Disease Partnership is a not for profit organisation and a NI Registered charity, bringing together those living with a rare disease and organisations representing them; clinicians and other health professionals; researchers and producers of specialist medicines and equipment; health policy makers and academics. Our vision is that no one is disadvantaged because of the rarity of their condition.

We aim to work constructively with stakeholders and service delivery organisations to find practical ways of improving the quality of life, treatment and care for those with rare diseases in Northern Ireland.

To achieve this, we work closely with the Northern Ireland Department of Health, Health and Social Care Board, Public Health Agency and the Patient Client Council; and with Patient Representative Organisations in the UK (Genetic Alliance UK; Unique), Republic of Ireland (IPPOSI, MRCG and GRDO) and Europe (EURORDIS), as well as with a wide range of condition specific groups and organisations.

You can read more about our work at: <http://www.nirdp.org.uk>

**This is an exciting time to join Northern Ireland Rare Disease Partnership as we seek to further improve the delivery of support and networking for those with rare diseases and their wider families.**

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| **SECTION 2:** | **VACANCY APPPLICATION FORM** |



Please **type** or write clearly in **black ink** in **block capitals.** All information will be treated in confidence and will be used by Northern Ireland Rare Disease Partnership to assess your suitability for the post. Candidates will be short listed on the basis of information contained in this application.

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| **Post Applied for:** |  |
| **Closing Date:** | **5pm 13 October 2017** |

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| **PERSONAL INFORMATION** | | | | |
| **Family Name:** |  | | | |
| **Forename(s):** |  | | | |
| **Address:** |  | | | |
|  | | | |
|  | **Postcode:** | |  |
| **Day Tel:** |  | | | |
| **Evening Tel:** |  | | | |
| **Mobile Tel:** |  | | | |
| **Email:** |  | | | |
| **National Insurance No:** |  | | | |
| **Do you hold a current valid driving licence?** | | | **YES / NO** (delete as appropriate) | |
| **Are you a car owner or have access to a form of transport to enable you to carry out the duties of this post?** | | | **YES / NO** (delete as appropriate) | |
| **Have you ever been convicted of a criminal offence?** [Exclude convictions which are spent under the Rehabilitation of Offenders (NI Order 1978)] | | | **YES / NO** (delete as appropriate) | |

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| **QUALIFICATIONS AND TRAINING** | | |
| **Type of Exam (GCSE, NVQ, A Level, Degree etc.)** | **Subject** | **Grade / Result** |
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(Please extend table if required)

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| **EMPLOYMENT HISTORY** | | | |
| **Present employer** | | | |
| **Dates of**  **Employment:** | **Name & Address of Employer** | **Job Title and summary of main duties and responsibilities** | **Reason for leaving** |
| **From:**  **To:** |  |  |  |
| **Current Salary:** |  | **Current Notice Required:** |  |
|  | | | |
| **Previous Employment** | | | |
| **From:**  **To:** |  |  |  |
| **From:**  **To:** |  |  |  |
| **From:**  **To:** |  |  |  |
| **From:**  **To:** |  |  |  |
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(Please extend table if required)

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| **REFERENCES** | | | | | | | | | |
| All offers of employment are subject to receipt of satisfactory references. Please provide the names, telephone numbers, addresses and email addresses of two referees, one of whom should be your present or most recent employer/line manager, and one who knows/has known you in a work capacity and can comment on your suitability for this post. | | | | | | | | | |
| **First Referee:** | | | **Second Referee:** | | | | | | |
| **Name:** | |  | **Name:** | |  | | | | |
| **Address:** | |  | **Address:** | |  | | | | |
|  |  | | | | |
|  |  | | | | |
| **Postcode:** | |  | **Postcode:** | |  | | | | |
| **Tel:** | |  | Tel: | |  | | | | |
| **Email:** | |  | Email: | |  | | | | |
| **Occupation:** | |  | **Occupation:** | |  | | | | |
| **Relationship**  **to you:** | |  | **Relationship**  **to you:** | |  | | | | |
| **DECLARATION** | | | | | | | | | |
| I declare that the information on this form and any attachments is correct and complete.  I understand that to withhold, falsify or omit any relevant material fact(s) will lead to disciplinary action, including dismissal in the case of a successful applicant. I authorise the verification of any or all of the information listed on this form and any attachments. | | | | | | | | | |
| **Signature:** |  | | | **Date:** | |  | | | |
| **Please provide the last four digits of your National Insurance Number** | | | | | |  |  |  |  |

By typing your name here, and providing the digits from your National Insurance Number you are signing this application electronically. You agree your electronic signature is the legal equivalent of your manual signature on this application.

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| **SECTION 3:** | **JOB COMPETENCIES** |

**Short listing Criteria - Job Competencies**

The Northern Ireland Rare Disease Partnership will shortlist for interview only those applicants who appear from the available information to be the most suitable candidates for the post in terms of relevant skills, experience and ability.

It is therefore **essential that applicants fully describe how they meet each particular requirement**, including relevant timescale/duration (i.e. provide dates), of the short-listing criteria and possible enhanced short-listing criteria as provided in the job description**.**

To meet the short-listing criteria, applicants must demonstrate experience and competency in the following areas:

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| **3 years relevant experience in a client support role** |
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***(Max 250 words)***

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| **Developing, managing and facilitating events** |
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***(Max 250 words)***

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| **Competence in the use of a wide range of software packages, enabling efficient data collection, analysis and production of reports** |
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***(Max 250 words)***

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| **Delivering training sessions to meet the needs of the client** |
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***(Max 250 words)***

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| **Enhanced criteria** |
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***(Max 250 words)***

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| **Activities – please provide details of any other relevant information which you feel will support your application.** |
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| **SECTION 4:** | **EQUAL OPPORTUNITY RECRUITMENT MONITORING FORM** |

The Northern Ireland Rare Disease Partnership is committed to promoting equality, diversity and an inclusive and supportive environment for staff and volunteers.

In particular the Partnership will seek to ensure that people are treated equitably regardless of their gender, race, ethnic background, age, disability, socio-economic background, religious or political beliefs and affiliations, marital status, sexual orientation or other inappropriate distinction.

In order to do this, it is necessary to collect information from all employees and job applicants on the key characteristics which relate to equality and diversity in employment. The information collected will be used for monitoring purposes under the terms of the Data Protection Act 1998.

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| **REQUEST FOR INFORMATION** | | | | | | | |
| **Post Applied for:** | **PROJECT OFFICER, Northern Ireland Rare Disease Partnership** | | | | | | |
| **Date of Birth:** |  | | | **Gender:** | **FEMALE / MALE**  (Please delete as appropriate) | | |
| **Disability:** | **YES / NO** (Please delete as appropriate)  You should declare a disability if you perceive yourself as being at a disadvantage in obtaining, keeping or advancing your employment due to a physical, sensory, intellectual, dietary, communicative, psychiatric, allergic, or any other impairment. | | | | | | |
| **Health:** | Do you have any medical condition that could significantly affect your performance of the duties of the post for which you are applying?  **YES / NO** (Please delete as appropriate) If **YES**, please give details: | | | | | | |
| **Religion:** | **I identify myself as:** (please tick or place an ‘x’ in the box) | | | | | | |
| **Catholic:** |  | **Protestant:** | |  | **Other:** |  |
| **Nationality:**  (Please specify) |  | | | | | | |
| **Ethnicity:** | You are asked to classify yourself in the category, which you feel most nearly describes your origin. If none of the specific groups are suitable please mark the relevant **Other** and **specify your ethnicity**.  **I would consider my ethnic origin as:** (please tick or place an ‘x’ in the box) | | | | | | |
| **Indian:** |  | **Pakistani:** | |  | **Bangladeshi:** |  |
| **Other Asian:** |  | **Caribbean:** | |  | **African:** |  |
| **Chinese:** |  | **White – British:** | |  | **White – Irish:** |  |
| **Other White Background – please specify:** | | | |  | | |
| **Other Ethnic Background – please specify:** | | | |  | | |

***Thank you for your cooperation in completing this form.***

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| **SECTION 5:** | **RETURNING YOUR APPLICATION** |

**Please return your application by email to:** [**rhoda@nirpd.org.uk**](mailto:rhoda@nirpd.org.uk)

**NB** Please return **ALL** pages as one document.

This Monitoring Form (Section 4) will be kept separate from Sections 2 and 3 and kept confidential. It will only be used for monitoring purposes and will not be used or seen by the short-listing or interview panel.

**ALL APPLICATIONS MUST BE RECEIVED BY 5pm on Friday 13 October 2017**

* Late applications will not be considered
* Applications that are not fully completed will not be considered
* CVs will not be considered

Interviews are scheduled to take place **week commencing 30 October 2017.**

Candidates should note that at the start of the interview they will be required to undertake a short unseen presentation.

If you have any queries about anything in this information pack please contact:

Rhoda Walker

Northern Ireland Rare Disease Partnership

Email: [rhoda@nirdp.org.uk](mailto:rhoda@nirdp.org.uk)

Telephone: 07821 802 693

