**APPLICATION FORM**

**Post: Smoking Cessation Specialist**

**Ref: SCS / / July 17**

Please complete your Application Form as fully and concisely as possible. You should use this form to highlight relevant and appropriate experience with regard to the Essential Criteria outlined in the Person Specification. Candidates will be shortlisted on the basis of information contained in this application.

If you need to continue any section onto a separate sheet, please mark that sheet clearly with the number of the section to which it refers. Do not enclose any material other than that requested.

In order to be considered for this post, a signed hard copy of your completed Application Form must be returned by our closing date of **5.00pm on Monday 7 August 2017**.

Please write legibly in black ink.

Completed Application Forms should be forwarded to:

**Patricia Barrett**

**Head of Administration**

**Cancer Focus Northern Ireland**

**40-44 Eglantine Avenue**

**Belfast**

**BT9 6DX**

**Please Complete All Sections**

1. **Personal Details**

|  |  |  |
| --- | --- | --- |
| **Surname:**(Block Letters) | **Forename(s):**(Please underline name by which you are known) | **Title:**(Mr / Mrs / Miss / etc) |
|  |  |  |

|  |  |
| --- | --- |
| **Home Address:** | **Address for Correspondence:** |
|  |  |
| **Post Code:** |  | **Post Code:** |  |

|  |  |
| --- | --- |
| **Contact Numbers:** | **Health:** |
| **Home:** |  | **Please give particulars of any illness or injury which incapacitated you for a period of more than seven days over the past two years:** |
| **Mobile:** |  |
| **Office:** |  |
| **Email:** |  |
| **Do you hold a full, current driving licence with business insurance and have access to the use of a car or some other appropriate form of transport to carry out the duties of the post in full?**Yes / No |

1. **Education and Qualifications**

|  |  |  |  |
| --- | --- | --- | --- |
| **From:** | **To:** | **School / College / University:** | **Qualifications:** (Subjects / Grades / Classification) |
|  |  |  |  |

**Relevant Courses Attended:**

|  |  |  |
| --- | --- | --- |
| **Date:** | **Course:** | **Qualifications** |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Date:** | **Course:** | **Qualifications** |
|  |  |  |

|  |
| --- |
| **Membership of Professional Bodies / Associations:** |
|  |

1. **Experience**

This section should be an outline of your career to date, including your current employment (list in reverse chronological order).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employer Name and Nature of Organisation:** | **Position Held and Description of Main Responsibilities:** | **Date** **From:** | **Date To:** | **Reason for Leaving:** |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employer Name and Nature of Organisation:** | **Position Held and Description of Main Responsibilities:** | **Date** **From:** | **Date To:** | **Reason for Leaving:** |
|  |  |  |  |  |

1. **Selection Criteria:**

In each of the following sections, please state how you meet with particular criteria sought, giving examples and specifying dates as appropriate.

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| --- | --- |
| **4.0** | **Have undertaken a recognised Specialist Smoking Cessation training Course within the past three years** |
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|  |  |
| --- | --- |
| **4.1** | **Experience of facilitating Specialist Stop Smoking services in the past three years** |
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|  |  |
| --- | --- |
| **4.2** | **One year’s experience in a health related discipline** |
|  |  |

|  |  |
| --- | --- |
| **4.3** | **Excellent written and oral communication skills** |
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|  |  |
| --- | --- |
| **4.4** | **Ability to achieve objectives, meet agreed deadlines and keep accurate records** |
|  |  |

|  |  |
| --- | --- |
| **4.5** | **Experience of liaison with a broad range of professionals** |
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|  |  |
| --- | --- |
| **4.6** | **Experience of managing own workload** |
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|  |  |
| --- | --- |
| **4.7** | **Ability to work on own initiative and as part of a team** |
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|  |  |
| --- | --- |
| **4.16** | **Please detail below in what way you meet any of the desirable criteria listed on the job description. This information may be used to shortlist your application** |
|  |  |

1. **Information in Support of this Application:**

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| --- |
| **Please provide any additional information which you feel is relevant to this application (continue on a separate sheet if necessary)** |
|  |

**6. Additional Information:**

|  |
| --- |
| **Please give details of any convictions for criminal offences, which are not, regarded as “spent” convictions under the Rehabilitation of Offenders (NI) Order 1978 (include nature of offence and sentence)** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Current Salary:**  |  | **Length of Notice:** |  |

**Referees:**

Any offer of employment is subject to references. Please give below the names of two persons not related to you, to whom reference may be made. One of the referees must be your current or most recent employer and both should be able to comment on the applicant’s ability to carry out the particular tasks of the job.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** |  |  | **Name:** |  |
| **Occupation:** |  |  | **Occupation:** |  |
| **Address:** |  |  | **Address:** |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Telephone No:** |  |  | **Telephone No:** |  |

**Declaration:**

I declare that to the best of my knowledge, the information given is honest and accurate. I understand that any wilful misstatement or mission renders me liable to disqualification or, if appointed, to dismissal.

I understand that the appointment is subject to receipt of satisfactory references, the verification of qualifications required for the post (as per the Person Specification) and relevant disclosure check.

Please be advised that Cancer Focus NI adheres to the Access NI Code of Practice and has a policy on the recruitment of ex-offenders, copies of which are available upon request from the Head of Administration.

I hereby give consent for the information on this form to be collected, stored and processed in accordance with the provisions of the Data Protection Act 1998.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Signed:** |  |  | **Dated:** |  |