Post: Support Worker for Families and Children

 with Additional Needs

Application Ref No: SWFCAN0817

Closing Date: 06 September 2017 at 3.00 pm

Please complete all sections of this application using black ink or typescript.

Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# QUALIFICATIONS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| School | Subject | Exam Level | Year  | Result |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| University/College | Subject | Exam Level | Year | Result |
|  |  |  |  |  |

FURTHER TRAINING

|  |  |  |  |
| --- | --- | --- | --- |
| Agency | Subject | Dates | Result |
|  |  |  |  |

**PRESENT EMPLOYMENT** (if any)

|  |
| --- |
| Name and Address of Present Employeror (last employer): |
| Post Held: |
| Duties of Post: |
| Date appointed: Present Salary:Period of Notice: |
| May we contact your current employer? YES / NO |

**WORK EXPERIENCE**

|  |  |  |  |
| --- | --- | --- | --- |
| Employers Name and Address | Job Title | Brief Description of Duties | Dates, Reason for Leaving |
|  |  |  |  |

Please continue on additional sheets if necessary

# RELEVANT EXPERIENCE TO THIS POST

|  |
| --- |
| Using the Personnel Specification, how do your skills, experience and abilities relate to this post? |
|  |

|  |
| --- |
| VOLUNTARY SERVICE OR COMMUNITY WORK |
| Please give details of any voluntary service or community work that you have undertaken or an unpaid voluntary basis. |

|  |
| --- |
| SICKNESS RECORD |
| Please tell us of any illness which kept you absent from your employment over the past three years: |
| REFEREES |
| Please name two referees, who should have knowledge of you in a working/academic capacity.1. Name:  Address: Telephone No: Position:2. Name:  Address: Telephone No: Position: |

Are you eligible to work in the UK: YES / NO

You will be required to provide documentation to support this claim (under Section 8 of the Asylum and Immigration Action 1996) if offered the post.

# DECLARATION

I declare that the information set forth in this application form is, to the best of my knowledge, true and complete.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return to:

Ballybeen Women’s Centre by e-mail

info@ballybeenwomenscentre.org

or post to

Ballybeen Women’s Centre

34 Ballybeen Square

DUNDONALD

BT16 2QE