St Teresa’s Youth Centre

131a Glen Road, Belfast. BT11 8BL. Tel: 90610850

**APPLICATION FORM**

Please complete in full and return to **The Office** by **12.00noon on Friday 10th November2017**

**Interviews for this post will take place within 7 days of closing date**

Only information ON THIS FORM will be used for short listing purposes

**Post Applied For: Part Time 32Hrs) Additional Programme Worker to provide Extended Opening and Services**

**PERSONAL INFORMATION:-**

|  |  |
| --- | --- |
| Name ………………………………………………………………………….Present Address ……………………………………………………………….……………………………………………………………………………………………………………………………………………………………………Home Address (if different from above) ………………………………………………………………………………….…………………………………………………………………………………. | Date of Birth Tel. No. Mobile No.Maiden Name  |

**DETAILS OF EDUCATION:-**

|  |  |  |  |
| --- | --- | --- | --- |
| Name & Address of School/University etc. | Dates of attendance | EXAMINATIONS PASSED | GRADES |
|  |  |  |  |  |

**PREVIOUS EXPERIENCE:-**

|  |  |
| --- | --- |
| Name & Address of Previous Employer | Brief Description of Work / Responsibilities |
|  |  |
| **ADDITIONAL INFORMATION:-**(a) In-Service Training (Non award bearing courses taken in the last 5 years).(b) Special interests, abilities, successes.(c) Details of experience involving organisation, curriculum development, professional development, pastoral involvement or special responsibility..  |

(c) This position is to provide for extended programme work and opening hours that is not currently being

 carried out by the Youth Centre. Please describe what additional programmes you believe you can

 provide if your application is successful.

**REFERENCES**

|  |
| --- |
| Please give names, addresses and telephone numbers of two persons willing to give references, one of whom should be able to comment on your work in youth provision. Prior consent is required.1…………………………………………………2……………………………………………………… …………………………………………………………………………………………………………...………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………TEL:……………………………………………..TEL:………………………………………………….. REFERENCES MUST NOT BE SUBMITTED |
|  |

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| --- |
| The successful applicant will be required to undertake an Access NI Check. Are you willing to undergo this check? **YES / NO****N.B. Failure to answer YES will automatically disqualify you from applying for this post.** |

I am not suffering from any disability which would prevent me from carrying out the duties of this post.

The foregoing particulars are complete and correct to the best of my knowledge and belief.

Usual signature of Candidate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

A candidate found to have knowingly given false information, or to have suppressed any material fact will be liable to disqualification, or if appointed, to dismissal.

**CANVASSING WILL DISQUALIFY**