**Magnet Y.A.C Professional Youth Work Studentship Scheme**

**STUDENT APPLICATION FORM**

**PLEASE NOTE** –

1. Answer all questions. Incomplete application forms will not be shortlisted.
2. Closing date for application is **28 April** 2017.
3. Interviews will take place on **10 & 11 May** 2017**.**
4. Please complete this form electronically, print off, sign and post (Details on back page).

**Applicant Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Dr/Mr/Mrs/Ms/Miss** | Forename(s) | | Surname:  Previous Surname: | |
| **Home Address** |  | | | |
| **Postcode** |  | | | |
| **Daytime Telephone No** |  | **Evening Telephone No** | |  |
| **Mobile No** |  | **E-mail Address** | |  |
| **Date of Birth** |  | **National Insurance Number** | |  |
| **Are you a resident in NI?** | | | | **YES  NO** |

**Child Protection**

**Please note this post involves ‘regulated activity’ as defined under Safeguarding Vulnerable Groups (NI) Order 2007.**

|  |
| --- |
| Are you aware of anything in your employment or personal history which would render you unsuitable to work with children and young people? |
| **YES  NO**  If yes, please provide details below. |
|  |

**Disability**

|  |  |
| --- | --- |
| Magnet YAC as part of its Equal Opportunities Policy, welcomes applications from people with disabilities. | |
| In accordance with the Disability Discrimination Act, a person is disabled if they have, or have had, ‘a physical or mental impairment which has, or has had a substantial and long-term adverse effect on their ability to carry out normal day to day activities’. | |
| Do you have a disability that requires reasonable adjustments to be made if you are called for interview or assessment? | **YES  NO** |
| If you consider yourself to have a disability please provide any relevant information about requirements that you have so that reasonable adjustments can be made for your attendance at interview (if shortlisted). | |
|  | |

**Qualifications/Training**

**Please supply details of qualifications/training you have previously undertaken. You will be expected to supply original certificates to verify your qualifications/training if you are appointed.**

|  |  |  |
| --- | --- | --- |
| Qualification/Training Programme | Awarding Body | Date |
|  |  |  |

**Work Experience**

**Please provide details of your work experience to date starting with the most recent.**

|  |  |  |  |
| --- | --- | --- | --- |
| Organisation | Job Title/Role | Dates | Reason for Leaving |
|  |  |  |  |

**Youth Work Experience**

**Please provide details of any experience** **you have of working or volunteering with young people.**

|  |  |  |
| --- | --- | --- |
| Club/Unit/Organisation | Nature of Role | Dates |
|  |  |  |

**Knowledge**

**Please tell us what you think the key issues are that affect young people today?**

**Experience of working with young people**

**Please demonstrate your experience of working with young people to date (use additional pages if necessary.)**

**Key Skills - Teamwork**

**Please demonstrate your experience of working as part of a team**

**Key Skills – Empathy with young people**

**Please detail your experience of responding to the needs of young people**

**Key Qualities – Ability to use own initiative**

**Please demonstrate your ability to use your own initiative**

**Why have you applied for the Studentship scheme what do you hope to gain from it?**

**Additional Information**

**Is there any other information which you feel is relevant to the essential/desirable experience, competencies, knowledge or attributes that you would like us to be aware of?**

**References**

Please give the names and addresses of two referees, one of whom should be able to comment on your suitability to work with children/young people in an educational setting (if applicable) and/or your professional ability. Prior consent of referees should be obtained. References must not be submitted with this form. Magnet YAC will seek references from your current/most recent employer for all posts involving ‘regulated activity’ when a conditional offer of employment is made.

|  |  |  |
| --- | --- | --- |
|  | **Referee 1** | **Referee 2** |
| **Name** |  |  |
| **Address** |  |  |
| **Email** |  |  |
| **Telephone** |  |  |
| **Relationship**  **to you** |  |  |

**Please note -** Any family member or person involved in the recruitment process for the post for which you are currently applying cannot act as a referee.

**DECLARATION**

I understand that this post is (or may be) exempt from the provisions of the Rehabilitation of Offenders (NI) Order 1978. In the event of my application being successful, I consent to a check being made by Access NI, a single history disclosure body, to determine if there is any record of criminal convictions, pending prosecutions, cautions or bind-over orders against me.

**Signature Date**

**Print Name**

Please complete and return this form by the closing date, to the address below.

When completed, this form should be returned **(hard copy only)** by

**4.00pm, 28 April 2017 to:**

**Magnet Young Adult Centre**

**81a Hill Street**

**Newry**

**BT34 1DG**

**LATE APPLICATIONS WILL NOT BE ACCEPTED**

**THIS POST IS FUNDED BY THE EDUCATION AUTHORITY**

