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**APPLICATION FORM**

Please complete this form legibly and return it on or before the closing date specified in the advertisement.   
Late applications will not be considered. ONLY INFORMATION PROVIDED ON THIS APPLICATION FORM WILL BE CONSIDERED BY THE PANEL. Curriculum vitae will not be accepted. Candidates must outline clearly how their qualifications and experience meet both the essential and desirable requirements. All information given will be treated with the strictest confidence. Continuation sheets may be added if necessary.

**1. POSITION APPLIED FOR: Everybody Active 2020 Project Administrator**

**2. PERSONAL DETAILS**

|  |  |
| --- | --- |
| Surname: | Telephone number (Home): |
| Forenames: | Telephone number (Mobile): |
| Title: | Telephone number (Work): |
| Address: | Postcode: |

|  |  |  |
| --- | --- | --- |
| **Do you have the right to work in the UK?**  Note: the company will require proof of this right before an offer of employment can be confirmed – e.g. Birth certificate and/or any other appropriate document required to confirm your right to work in the UK as required by the Asylum and Immigration Act 1996 | **Yes** | **No** |

**3. EDUCATION**

|  |  |
| --- | --- |
| **Date Attained** | **Examinations taken and Qualifications Gained (Specify Grades)** |
|  |  |

**4. FURTHER/ HIGHER EDUCATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **From** | **To** | **Name of Institution**  **(state if Full or Part Time)** | **Subjects Taken and Qualifications Gained (Specify Grades or Degree Class Obtained)** |
|  |  |  |  |

**5. MEMBERSHIP OF PROFESSIONAL ORGANISATIONS**

|  |  |  |
| --- | --- | --- |
| **Date Joined** | **Institute/ Organisation** | **Grade Of Membership (Where appropriate)** |
|  |  |  |

**6. EMPLOYMENT RECORD** (Please list chronologically, starting with current or last employer)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name and Address of Employer and Nature of Business:** | **From:**  **To:** | **Job Title:**  **Job Function/ Responsibilities:** | **Final Salary and Reason for Leaving** |
|  |  |  |  |

**7. TRAINING** (Enter related qualifications here, e.g. first aid, Access NI details, etc.)

|  |
| --- |
| **Details of training courses attended and awards achieved, including dates, if appropriate:** |
|  |

**8. SUITABILITY FOR THIS POSITION**

Please detail your suitability for this position under the relevant headings below stating when and where skills and experience were gained.

|  |
| --- |
| **Criteria 1** - Two years full-time (or part-time equivalent) experience of carrying out general administrative duties (see Job Description for detailed list of duties) |
| **Criteria 2** - Demonstrable experience in drafting and dealing with correspondence and enquiries from the general public and/or partner/third party organisations. |
| **Criteria 3** - Experience in the use of IT systems, in particular Microsoft Office packages. Experience of using Microsoft Office applications including Microsoft Word, Excel and PowerPoint. |
| **Criteria 4** - Experience of book-keeping or financial recording in an office environment. |
| **Criteria 5** - Ability to work under pressure and to strict deadlines with minimal supervision. |
| **Criteria 6 -** Ability to act on personal initiative and make decisions within agreed guidelines with minimal supervision. |
| **Criteria 7 -** Effective interpersonal, written, and oral communication skills. |
| **Criteria 8 -** Ability to prioritise and manage a variety of tasks simultaneously with attention to detail. |
| **Criteria 9 -** Ability to work with and liaise with staff and volunteers effectively. |

**9. DISABILITY DISCRIMINATION ACT 1995**

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| If you require any special arrangements to be made to assist you if called for interview, please let us know in advance of the interview. |

**10. REFEREES**

Please give the details of two work related referees, including your current or most recent post. Referees will not be contacted without your prior approval.

|  |  |
| --- | --- |
| Name: | Name: |
| Position: | Position: |
| Company: | Company: |
| Address:  Telephone No.: | Address:  Telephone No.: |
| Nature of Relationship: | Nature of Relationship: |

**11. VERIFICATION OF INFORMATION**

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| I certify that all information which I have provided is correct. I understand that any false information given may result in a job offer being withdrawn.  Signature: Date: |