**EA 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 **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. |
|  |

**Transport**

|  |  |
| --- | --- |
| Do you hold a current driving licence? | **YES ☐ NO ☐** |
| Do you have access to a car or other suitable form of transport if necessary to meet the essential requirements of the post? | **YES ☐ NO ☐** |

**Disability**

|  |  |
| --- | --- |
| Corpus Christi Youth Centre, 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. (Please note you need at least 1 A level and 3 GCSEs (Grades A – C) to include English and Maths (or equivalent or higher)**

|  |  |  |
| --- | --- | --- |
| 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**

**You will work with a variety of young people during the EA Professional Youth Work Studentship Scheme. Describe your experience to date of working with young people. What activities have you been involved in? What were the ages of the young people? How did you build and maintain relationships with them?**

**Key Skills - Communication**

**You will need to be able to communicate effectively with young people and adults while on the EA Professional Youth Work Studentship. Describe a situation in which you had to explain something difficult to an individual. What was the most difficult part of the conversation? How did you deal with this?**

**Key Skills – Problem Solving**

**You will face many challenges and opportunities during the EA Professional Youth Work Studentship; you will need to be able to identify problems and provide solutions. Describe a time when you believe that you have effectively solved a problem. What was the problem? Which potential solutions did you consider?**

**What did you do and what was the outcome?**

**Key Skills - Teamwork**

**During your time on the EA Professional Youth Work Studentship Scheme you will be expected to be an effective team worker. Describe a situation where you were part of a team. How did you contribute to it? How did you encourage other team members to co-operate to achieve the team goals?**

**Key Skills – Organisational Skills**

**The training for the Studentship includes undertaking qualifications while working full-time and may at times be demanding. How would you organise yourself to balance your study, job and personal life to ensure you complete your work on time?**

**Attributes – Empathy with Young People**

**You will work with a variety of children and young people every day during the EA Professional Youth Work Studentship. It is essential that all of our Students are respectful and considerate of others. Describe a time when you have shown commitment to the needs of other people. How did you ensure that these needs were met?**

**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. Corpus Christi Youth Centre 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 have read the Terms and Conditions of Appointment relating to the position. I declare that I have not canvassed in any way and that the information contained in this form is true and accurate. I understand that canvassing and/or falsification of information could result in disqualification or dismissal.

**☐**  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.

**☐**  I understand that the information on this form is required by the Education Authority for the purposes of processing my application. The information is covered by the provisions of the Data Protection Act 1998. I understand that by completing this declaration I am indicating my authorisation for the Education Authority to process and retain the information for the purposes stated including approaching my current/most recent employer for a reference in the event of my being recommended for appointment.

**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

**2.00pm, 28 April 2017 to:**

**Corpus Christi Youth Centre**

**15-17 Ballymurphy Rd**

**Belfast**

**BT12 7JL**

**Tel: 02890330246**