**![logo[2] - Copy - Copy]()**

**23 Bishop Street**

**Derry - Londonderry**

**BT48 6PR**

**Tel (028)71377 227**

**manager@youthlife.org**

**www.youthlife.org**

Application Form – Waypoint Project Co-ordinator

**Application Closing Date**: Friday 21st July 2017 at 4.00pm *(posted or emailed to the above address)*

Failure to complete any part of this form may result in your application not being considered.

**IN CONFIDENCE PLEASE COMPLETE IN BLACK INK OR TYPESCRIPT.**

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| 1. **Personal Details**
 |
| **Title:**  |  | **Date of Birth** |  |
| **Surname**  |  | **National Ins No** |  |
| **Forename**  |  | **Citizen of EU Country**  |  |
| **Any Former Surname** |  | **Non EC (please state)** |  |
| **Address including Postcode** |  |
| **Previous address if less than 3 years at present address** |  |
| **Telephone - Mobile** |  | **Work**  |  |
| **Do you have access to a car**  | YES/NO |
| **Do you have a full driving licence** | YES/NO |
| **Do you have a disability as defined in the Disability Discrimination Act 1995** | YES/NO |
| **As this position involves substantial access to children please state whether or not you have been convicted of any criminal offences or are currently the subject of police investigation or court proceedings which may result in you receiving a conviction, caution or bind over order**  |  |
| **We operate a vetting procedure for our successful candidates. Do you consent to this procedure?** | YES/NO |
| **NB: Due to the nature of the post which allows substantial access to children, failure to consent would jeopardise chances of employment. You cannot regard any convictions as ‘spent’. Convictions do not necessarily debar an applicant from obtaining employment.** |

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| 1. **Education**
 |
| **Secondary. (Please specify your results: General Certificate of Secondary Education/Leaving Certificate/ Senior Certificate etc.)**  |
|  School attended (since age 11) | Qualifications: (Details of examinations, results and year passed) |
|  |  |
| **Further Education****University Degree(s), Diploma(s), Technical Qualifications (or equivalent) obtained, with dates.** |
| Qualification | University/College | Dates |
|   |  |  |
| Apprenticeship Details | Dates Completed |
|  |  |

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| 1. **Professional Membership and Qualifications**
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|  |  |
| 1. **Present Employment Details (it is not necessary to record this again in section 5)**
 |
| **Present/most recent employer** |  |
| **Contact Name & Address** |  |
| **Title of Post Held / Grade:** |  |
| **Date Appointed to Post** |  | **Current Salary** |  |
| **Period of notice required by present employer:**  |  |
| **Brief Description of Current Duties:** |
| 1. **Employment History (Beginning with the most recent)**
 |
| From / To | Name & address of employer |  Position held and brief description of duties. |  Salary | Reason for leaving. |
|  |  |  |  |  |

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| 1. **Training/Continuing Professional Education** (Please give details of courses attended and dates)
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| 1. **Additional Information.** Please explain why you are applying for this position and demonstrate how you meet the job specification. Add any other relevant information in support of your application. You may use extra sheets**.**
 |
|   |
| 1. **Special Requirements** To help us support you should you be invited for interview, can you please advise us of any special needs or requirements which you have?
 |
|  |
| 1. **Referees.** Please name two referees, one of whom should be your present or most recent employer. (Relatives should not be named as referees)
 |
| 1. **Name**
 |  | 1. **Name**
 |  |
| **Designation** |  | **Designation** |  |
| **Address** |  | **Address** |  |
|  |  |  |  |
|  |  |  |  |
| **Telephone** |  | **Telephone** |  |
| Youthlife prefers to seek references for all shortlisted candidates **in advance** of any interview, in order that the interview panel may consider the information provided as part of the decision-making process. If shortlisted for this post, do you give permission for Youthlife to seek references prior to interview? | YES/NO |
| 1. **Declaration**
 |
| I declare that the information I have given is correct. I understand that any false information given may result in any job offer being withdrawn. |
| **Signed** |  | **Date** |  |

|  |
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| **Office Use Only****Date received**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Time Received**\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

 Please read and complete attached Equality Monitoring Questionnaire. Completed applications should be returned to the address at the top of this application by the closing date. Emailed responses are acceptable. Further information may be obtained from contacting the Manager, Tricia Kelly at the same address.