



6 Mount Charles, Belfast BT7 1NZ

Tel: 028 9023 0212 Fax: 028 9024 4363 Email: info@wrda.net

Ref: _____

APPLICATION FORM

TRAINING DEVELOPMENT CO-ORDINATOR

Please ensure that the information you provide shows how you meet the essential criteria as outlined in the Person Profile enclosed in the information pack.

The completed form should be returned no later than 1.00 pm on 29th March 2018. (We apologise but we cannot accept emailed or faxed applications.)

Please complete in black ink or typescript.

PERSONAL DETAILS

Surname	Forename (s)
Address	Telephone No (daytime)
	Telephone no (evening)
	Mobile No
Postcode	Email address if appropriate:
Please detail any sick leave in the past 3 years:	
<p>Please indicate the period of notice in current employment required (if applicable):</p> <p>Do you have a full current driving licence? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Do you have access to a car? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If no, do you have access to another form of transport for work purposes? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Are you willing to travel throughout Northern Ireland as part of this post? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Are you able to work flexible hours? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	

EDUCATION

Subjects and qualifications gained

Professional training/qualifications

Course/qualification	Organising body

EMPLOYMENT HISTORY

Present Employment (if any)

Name of present employer (or last employer)		
Post held		
Duties of post		
Date appointed	Date left	Present salary

Please detail any other work experience, starting with most recent post and work backward (continue on a separate sheet if necessary)

Dates	Employer's name and address	Job title and overview of responsibilities

RELEVANT EXPERIENCE TO THE POST

Using the Person Specification, please demonstrate how your skills, experience and abilities help you meet **each** of the essential criteria (continue on a separate page if necessary).

VOLUNTARY SERVICE OR COMMUNITY WORK

Please give details of any voluntary service or community work that you have undertaken on an unpaid or voluntary basis to date which helps meet the criteria outlined in the Person Specification.

Please give details of any other relevant information you feel will support your application.

REFERENCEES

Please give the names and addresses of two people who would be willing to act as a referee (one should be your most recent employer). Please note that references will not be taken up prior to interview.

Name	Name
Organisation	Organisation
Address	Address
Post code	Post code
Telephone number	Telephone number
Position	Position
Capacity in which known	Capacity in which known

Are you eligible to work in the UK Yes ☐ No ☐

You will be required to provide documentation to support this claim (under Section 8 of the Asylum and Immigration Act 1996) if offered the post.

Under the Disability Discrimination Act 1995 a person is considered to have a disability if he/she has or has had a physical or mental impairment which has a substantial and long-term adverse effect on his/her ability to carry out normal day to day activities.

Do you consider that you meet this definition of disability? Yes ☐ No ☐

If yes, please state the nature or effects of your disability: _____

This information will not be disclosed prior to interview

Where did you see this post advertised: _____

I declare the above information is true and accurate.

Signature: _____ **Date:** _____

Please return the completed application form marked 'Private and Confidential' by **1.00pm on 29th March 2018** to:

Finance & HR Department
Women's Resource and Development Agency
6 Mount Charles
Belfast
BT7 1NZ