Northern Area Community Network

APPLICATION FORM

Please complete all sections of this application using black ink or typescript.

| Job Title : Project Co ordinator |
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| PERSONAL PARTICULARS |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone number for contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Do you have a  Full driving licence **YES / NO** |

| EDUCATION | |
| --- | --- |
| Subjects passed at ‘O’ Level/GCSE or equivalent with grades and dates: | Subjects passed at ‘A’ Level/GCSE or equivalent with grades and dates: |
| **3rd Level Qualifications** with dates and institutions attended | |
| **Additional Professional Qualifications:** | |
| **Name of Awarding Body or Bodies:** | **Date awarded:** |

**DETAILS OF PRESENT EMPLOYMENT**

| Name & address of Present Employer | Post and duties undertaken | Current Salary &  Grade | Date of appointment & Notice Required |
| --- | --- | --- | --- |
|  |  |  |  |

**PREVIOUS EMPLOYMENT (List previous posts beginning with the most recent).**

| Employer | Grade/Position/duties | Dates of Service  (from – to) | Reason for leaving |
| --- | --- | --- | --- |
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| VOLUNTARY SERVICE OR COMMUNITY WORK |
| --- |
| Please give details and dates of any community work that you have undertaken on an unpaid voluntary basis: |
| RELEVANT EXPERIENCE TO THIS POST |
| **Please provide evidence and examples of how you address the Essential Criteria in the Person Specification attached to job description**: |
|  |
| **Please provide additional evidence and examples of how you address the Desirable Criteria in the Person Specification attached to the Job Description** : |
|  |

| **REFEREES** |
| --- |
| Please name two referees, who should have knowledge of you in a working, voluntary or academic capacity, at least one referee should be a current / previous employer  1.  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2.  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **These referees will only be approached if you are offered a position.** |
| Please state where you learned of this post. |
| **PERSONAL DECLARATION**  Are you barred from working with vulnerable adults? **YES / NO** [delete as appropriate]  I declare that all the foregoing statements are true and complete to the best of my knowledge and belief.  I understand that any wilful misstatement or omission renders me liable to disqualification or, if appointed, to dismissal.  We reserve the right to verify the information you have provided and seek information from other sources.  **Signature: ………………………………………………………… Date: ……………………………** |
| **PLEASE RETURN TO:**  Northern Area Community Network  25 Mill Street  Cushendall  BT44 0RR  Or  Email [registration@nacn.org](mailto:registration@nacn.org)  **Closing date: 5pm on Wednesday 16th Oct 2024** |