

**SHANKILL SURE START APPLICATION FORM**

|  |  |
| --- | --- |
| **Ref No** | **SSS/SSSPM2 - 37hr post** |
| **Application Number** |  |
| **Date Received** |  |

**PLEASE NOTE**

**PLEASE COMPLETE IN BLACK INK OR TYPESCRIPT**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Post Applied For: Shankill Sure Start Project Manager** | | | | | | | | | | |
| **Surname:** | | | | **Forename/s:** | | | | | | **Title:** |
| **Address for correspondence:** | | | | | | | | | | |
| **National Insurance Number:** |  |  | | |  |  |  | **Please give details of any other surname which you have been known by:** | | |
| **Post Code:** | | | **Email Address:** | | | | | | | |
| **Telephone (Home):** | | | **Mobile:** | | | | | | **Business:** | |
| **In order to assess your eligibility to work in the UK we require some details in regard to your nationality.**  **Are you a citizen of an EU Country? YES/NO Country of Birth:** | | | | | | | | | | |
| **We are committed to promoting the inclusion in employment of people with a disability. If you are a registered disabled person and require any special arrangement to enable you to attend for interview please state below:**  **Do you have a disability? YES/NO**  **If yes please provide details:** | | | | | | | | | | |
| **Have you ever been convicted of a criminal offence? YES/NO**  **If yes please provide details:** | | | | | | | | | | |
| **Do you hold a current full driving licence? YES/NO** | | | | | | | | | | |

**(A) PERSONAL DETAILS**

**(B) Your Current Employer**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name and Address of your current employer:** | | | |
| **Present Post:** | | **Date of Appointment:** | |
| **Salary:** | **Other benefits:** | | **Notice period:** |
| **Summary of Duties:** | | | |
| **How many days sickness absence have you had in the last 2 years? Number of Days:**  **How many periods of sickness have you had in the last 2 years?** | | | |

**(C) Your Previous Employers**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Employer** | **Job Title** | **From** | **To** |
|  |  |  |  |

**(D) School Education**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **From** | **To** | **Subject** | **Examination Taken** | **Result** | **Date Awarded** |
|  |  |  |  |  |  |

**(E) Further Education**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **From** | **To** | **Name of**  **College/University**  **Course Provider** | **Examination Taken** | **Result** | **Date Awarded** |
|  |  |  |  |  |  |

**(F) Professional Qualifications**

|  |  |
| --- | --- |
| **Title of Qualification** | **Date of Award** |
|  |  |

**(G) Current membership of Professional Bodies:**

|  |  |  |
| --- | --- | --- |
| **Title of Professional Body** | **Type/Grade of Membership** | **Date of Attainment** |
|  |  |  |

**(H) References**

***Please give the names and address of two persons who would be willing to provide a reference. One must be your current/last employer, the other preferably a past employer. Both must be able to comment on your ability to carry out the duties of the post for which you have applied. Neither referee should be related to you*.**

|  |  |  |
| --- | --- | --- |
| **Name:** | | |
| **Address:** | | |
| **Post Code:** | | |
| **Tel No:** | **Email Address:** | |
| **Name of Business Place:** | | |
| **What is the nature of your relationship with this person (eg manager etc.)?** | | |
|  | | |
| **Name:** | | |
| **Address:** | | |
| **Post Code:** | | |
| **Tel No:** | | **Email Address:** |
| **Name of Business Place:** | | |
| **What is the nature of your relationship with this person (eg manager etc.)?** | | |

**This section has been devised to assist in the shortlisting process and relates directly to the criteria outlined in the personnel specification. Failure to provide sufficient information/detail in response to the direct questions will in effect mean that your application may not be shortlisted, due to the lack of information.**

***1 Qualifications:***

**Do you hold a recognised degree in social work, health education, nursing, early years or equivalent relevant professional qualification? Yes/No**

**If ‘Yes’, please give details**: *(eg year gained, awarding body)*

1. ***Experience:***

**Do you have a minimum of at least 3 years’ experience of each of the following:**

1. **Managing support services to children and families Yes/No**

**If ‘Yes, please give details:**

1. **Project Management including the development, planning, implementation, management and monitoring**

**of projects Yes/No**

**If ‘Yes’, please give details:**

1. **Management and supervision of staff Yes/No**

**If ‘Yes’, please give details:**

1. **Experience of strategic development and implementation at middle/senior management Yes/No**

**If ‘Yes’, please give details:**

1. **Experience of strong financial skills and budget controls, managing an annual income of no**

**less than £500,000 Yes/No**

**If ‘Yes’, please give details:**

1. ***Knowledge:***

**Please outline evidence to demonstrate your knowledge as specified in the essential criteria personnel specification.**

1. **Issues affecting children and their families**
2. **Knowledge of child development**
3. **Knowledge if child protection**
4. **The role of parents and carers in children’s development**
5. ***Skills:***

**Please outline evidence to demonstrate your skills as specified in the essential criteria personnel specification.**

1. **Excellent IT skills**
2. **good oral and written communication skills**
3. **Ability to influence a broad range of stakeholders to deliver results**
4. **Ability to think strategically about the vision and strategic objectives**
5. **Ability to negotiate, monitor and review targets and budgets to deliver key outcomes and objectives**

**Do you hold a current full driving licence valid for use in the UK and access to a car or demonstrate mobility to fulfil travel requirement of the post Yes/No**

**7** **I give permission for an Access NI and Social Services check to be made and I am aware that any spent**

**convictions will be disclosed Yes/No**

**DECLARATION:**

**I understand that this information may be verified as part of my application and that any resulting employment may be withdrawn on the ground of its inaccuracy.**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Closing date for receipt of applications is 12 noon, Thursday 4th May 2023**

**Application should be returned to: Nicola Verner**

**Greater Shankill Partnership**

**331 Shankill Road**

**Belfast**

**BT13 3AB**

SHANKILL SURE START

MONITORING INFORMATION

|  |
| --- |
| Monitoring Reference Number SHANKILL SURE START – SHANKILL SURE START – PROJECT MANAGER    **Application No:** |

FOR MONITORING PUROPOSES ONLY

Shankill Sure Start monitors the application it receives for jobs in order to ensure that its recruitment practices promote equality of opportunity.

This information will be treated in the strictest confidence and protected from misuse, and will not form part of your application. It will be used only for the purpose of monitoring our equal opportunity employment policy.

|  |
| --- |
| **Please indicate your religion or the religion to which you would be perceived to belong by ticking the appropriate box below:**  I am a member of the Protestant Community  I am a member of the Roman Catholic Community  I am a member of neither Protestant nor the Roman Catholic Community |
| **Please indicate your gender by ticking the appropriate box below:**  Male  Female |
| **Please indicate your marital status by ticking the appropriate box below:**  Married    Single  Divorced/Separated  Widowed  Other |
| *Under the Disability Discrimination Act 1995 a person is considered to have a disability if he/she has 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 of, or effects of your disability: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Please describe your ethnic origin by ticking the appropriate box below:**  White  Irish Traveller  Black-Caribbean  Black-African  Black Other (please specify)  Bangladeshi  Other (please specify)  Indian  Pakistani  Chinese |