

**Application Form Ref. No: 06/24**

**Children & Young Person’s Worker**

**37hrs per week**

**(A minimum of 30hrs per week will also be accepted)**

**Closing Date: 25th November 2024 @ 2pm**

Omagh Women’s Aid is an equal opportunities employer and welcomes applications from everyone, from all sections of the community, who meet the criteria for the post.

Please read the notes below before completing the application form:

* Complete in black ink or typescript only
* Use font no smaller than point 10
* Do not alter the formatting of the form
* Abide by word limits where applicable

**Return completed form to:**

**The Administrative Assistant,**

**Omagh Women’s Aid,**

**9 Holmview Terrace**

**Omagh**

**BT79 0AH**

**or email paula@omaghwomensaid.org**

For Official Use Only

Date Application received\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Confidential**

Position applied for:

**Children & Young Person’s Worker – 37 hrs per week**

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| 1. Personal Details | |
| Surname: | Forenames: |
| Preferred Title: | |
| Home Address: | |
| Telephone: Day Evening: | |
| E mail: | |
| If successful, when could you take up the appointment: | |
| Are you eligible to work in the UK? | |

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| 1. References | | |
| Please give the name and address of three referees. Your current or last employer should be one. At least two should ideally be your line manager or alternatively an individual in a higher level position than yourself with an ability to comment on your performance. NB: references will only be contacted with prior agreement of the applicant and only once a provisional job offer subject to references has been made. | | |
|  | **Current/Most recent employer** | |
| Name |  | |
| Address |  | |
| Telephone |  | |
| Email |  | |
| Status/Position |  | |
| Relationship |  | |
|  | **Other Referee** | **Other Referee** |
| Name |  |  |
| Address |  |  |
| Telephone |  |  |
| Email |  |  |
| Status/Position |  |  |
| Relationship |  |  |

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| 1. Education | | |
| In chronological order, please give details and results of any relevant qualifications gained, including further and higher education and professional qualifications. Continue on a separate sheet if necessary. | | |
| Name & Address of School/University | Subject/Title | Qualification & Grade Attained |
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| 1. Current Employment | | | |
| Organisation/Employer |  | | |
| Contact Name |  | | |
| Employer’s Address |  | | |
| Title of post held |  | | |
| Date appointed |  | Date of leaving (if applicable) |  |
| Notice period |  | Current salary |  |
| Summary of duties of post: | | | |
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| 1. Employment History | | | | | |
| Please start with your most recent role and work backwards. Do not list work placements undertaken as part of a course of study or undertaken as part of gaining a qualification. Continue on a separate sheet if necessary. | | | | | |
| Employer Name & Address | Job title & no. of hours per week | Brief outline of duties | Dates of employment | | Reason for leaving |
| From | To |  |
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| 1. Work Placements | | | | |
| Please list any work placements/experience of more than six weeks duration undertaken in the last five years | | | | |
| Name & Address of Placement Organisation | Role undertaken | Brief outline of duties | Dates of placement | |
| From | To |
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| 1. Voluntary Work | | | | |
| Please list details of any unpaid/voluntary work. | | | | |
| Name & Address of Organisation | Role undertaken & no. of hours per week | Brief outline of duties | Dates of placement | |
| From | To |
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| 1. Training & Professional Development | | | | | |
| In chronological order, please give details of any external or internal training or professional development courses undertaken within the last five years. Continue on a separate sheet if necessary. | | | | | |
| Date | Course Title | Training Provider | Length of course | Certification | |
| Yes | No |
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| 1. Information Communications Technology Skills | |
| Please provide details of your computer skills and experience in the use of ICT. | |
| Microsoft Office Packages |  |
| Online Case Management Systems |  |
| General computer skills & other IT packages |  |

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| 1. Driving Ability | | |
| Do you hold a full current UK Driving Licence? | YES | NO |
| Do you have access to a car? | YES | NO |
| Have you been convicted of any motor offences resulting in disqualifications? | YES | NO |
| Please give details of accidents within last 3 years, endorsements, etc… | | |

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| 1. Disclosure of Criminal Background | | |
| Have you ever been convicted of any offence, which is not considered spent? | YES | NO |
| If yes, please give details on a separate sheet. | | |

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| 1. Medical History |
| Please provide details of recurring illness or medical problems for which you are receiving attention or medication. |
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| 1. Periods of Absence | | |
| Please give details of any illness, operation or accident resulting in an absence from work, paid or unpaid within the last 2 years. | | |
| Illness, operation, or accident | Dates | No. of days absent |
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| Please list other periods of absence and reason for absence (e.g. caring for dependents, exceptional leave, compassionate leave) within the last 2 years. | | |
| Reason for absence | Dates | No. of days absent |
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| 1. **RELEVANT EXPERIENCE TO THIS POST** |
| Please explain below how you meet the Essential Criteria for this post as listed on the Personnel Specification, ensuring you give clear evidence based professional work examples of how your professional skills, knowledge and experience meet these criteria.  Please Note: The word count for each Essential Criteria should not exceed 300 words per criteria.  Please also demonstrate where appropriate how you meet the Desirable Criteria as this may also be used to shortlist for interview.  **Failure to properly complete this section will result in you not being shortlisted for interview.** |
| Experience |
|  |
| Skills & Abilities |
|  |
| Knowledge |
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| Other |
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| 1. Canvassing |
| Any approach (except for obtaining information about the post) directly or indirectly by or on behalf of the applicant will disqualify this application. |

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| 1. Declaration | |
| I certify that all the particulars given are correct and understand that should any false statements/omissions be made on this form Omagh Women’s Aid reserves the right of dismissal. I understand that employment with Omagh Women’s Aid is subject to receipt of satisfactory references. | |
| Signature of Applicant |  |
| Date: |  |

Please return completed form and attachments to the address given on the front page.

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Description automatically generated with low confidence

We aim to be FAIR Employers. We do not discriminate on the grounds of religion, marital status, disability, race or ethnic origin. We practice equality of opportunity in employment and most importantly, have a firm belief in the MERIT principle (i.e. the best person for the post).

We want to demonstrate this commitment and to do so; we need to monitor certain details of our applicants.

We are, therefore, asking you to give us extra information, which will be treated in the strictest of confidence and used for monitoring purposes only. This extra form will not be filed with your other details, as given on your application form.

We would therefore ask you to complete the attached form. Thank you for your co-operation in this matter.

OMAGH WOMEN’S AID

Logo, company name

Description automatically generated

**Reference No:**

**06/24**

**OMAGH Women's Aid**

**MONITORING QUESTIONNAIRE**

**IN CONFIDENCE - USED FOR STATISTICAL PURPOSES ONLY**

|  |  |
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| 1. **PERCEIVED RELIGEOUS AFFILIATION** | |
| I perceive myself to be from the Protestant community |  |
| I perceive myself to be from the Catholic community |  |
| I perceive myself to be from neither the Protestant or Catholic community *(please specify)* |  |

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| 1. **GENDER** | | | |
| I am female |  | I am male |  |

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| 1. **MARITAL STATUS** | | | | | |
| I am married |  | I am single |  | I am in a Civil Partnership |  |
| Other |  |

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| 1. **DISABILITY** | | | |
| I have a disability |  | I do not have a disability |  |

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| 1. **RACE** | | | | | |
| Bangladeshi |  | Black African |  | Black Caribbean |  |
| Chinese |  | Indian |  | Irish Traveller |  |
| Mixed Ethnic Group |  | Pakistani |  | White |  |
| Other *(please specify)* |  |  | | | |

It is not compulsory for you to answer the above questions. However, I would stress that it is a criminal offence under the legislation for a person to “give false information in connection with the preparation of a monitoring return.

**THANK YOU FOR YOUR CO-OPERATION**

When you have completed this questionnaire, please place in a separate sealed envelope marked

**F.A.O. The Monitoring Officer** and return with your application form.