 

**APPLICATION FORM – REGIONAL COORDINATOR**

|  |
| --- |
| **1. Personal Information** |
| Name  | Contact No.  |
| Address | E-mail |
| Do you have access to own transport? Yes No Do you have a full Driving Licence? Yes No |
|  |
| **2. Education** Please note that successful candidates may be asked to supply verification of their qualifications |
| From | To | Schools/College Attended | Examinations/Qualifications |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Other Relevant Training/Courses Completed |
|  |
| **3. Employment**Please give details of all previous employers, starting with the most recent, giving exact start and leaving dates.  |
| EmployedFrom To | Employer | Job Title | Main Roles and Responsibilities |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **4. Competency Areas**  |
| **Please outline your experience of managing a team**. |
|  |
| **Please outline any experience you may have of managing resources to meet programme targets, for example managing delivery of service level agreements or managing delivery of projects or programmes; including any experience of managing an assigned budget.** |
|  |
| **Please outline any working knowledge you may have of agencies that work with children and families in Louth, Cavan or Monaghan; and any experience building relationships with local stakeholders and agencies.** |
|  |
| **Please outline any knowledge or experience you may have of Evidence-based Early Intervention Approaches and/or Neurodevelopmental Conditions such as ADHD or Autism** |
|  |
| **Please outline your experience and skills in working effectively as part of a team as well as your ability to work on your own initiative** |
|  |

|  |
| --- |
| **5. Interests/Additional Information**Please outline any other information that may be relevant to the post not already provided. Please include brief details of your interests. |
|  |

|  |
| --- |
| **6. References** (candidates will be given advance notice if referees are to be contacted) |
| Name: |  | Name: |  |
| Tel: |  | Tel: |  |
| Email: |  | Email: |  |
| In what capacity do you know this person? | .  | In what capacity do you know this person? |  |
| **Notice required in current position:**  |

|  |
| --- |
| **7. Declaration** |
| I confirm that all the information provided is accurate**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |