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| **OFFICE USE ONLY** |
| Applicant Ref.No. | **WRA/03/25/** |
| Date Application Received: |  |



# CONFIDENTIAL

**Welfare Rights Advisor**

Application for the post of: …………………………………………………………………………………………………………………

21/03/2024

Closing Date: …………………………………………………………………………………………………………………………………….

Completed applications should be returned to the HR Officer at the above address.

CV’s will not be accepted in place of completed application forms.

Please complete in **black ink** or typescript and return on or before the closing date.

Applicants may return completed application packs by email.

Applications received after the closing date will not be considered.

 **PERSONAL DETAILS**

|  |  |
| --- | --- |
| Surname (Mr/Mrs/Miss/Ms): | Forenames: |
| Present Address: |
| Telephone Number(s): | Email Address: |

The Resource Centre Derry ensures the Active Practice of Fair Employment

FEC. Reg. 2151

Company limited by Guarantee. Registered in N.I. No. 23358 Charity No. XR 17522

**EDUCATION AND TRAINING**

Please give details of qualifications/training including post primary, further and 3rd level education.

Please ensure details provided are accurate e.g. as featured on certificate.

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates*****(Please specify)*** | **Awarding Body** | **Qualifications** | **Examinations passed Qualifications gained** |
|  **Month** |  **Year** |  |  |  |
|  |  |  |  |  |

**EMPLOYMENT HISTORY**

Starting with your current or most recent appointment.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **From***Please specify* | **To***Please specify* | **Employer’s Name and Address** | **Job Title/ Duties/****Responsibilities/ Salary** | **Reasons for leaving** |
|  |  |  |  |  |  |  |

Please use this space to provide any further information which you think would be of value/ relevant

to your application:-

*\* Please continue on a separate sheet if necessary (Marked with your name and title of post)*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**GENERAL INFORMATION**

Car owner: Yes No Full driving license: Yes No

Are you a registered disabled person? Yes No

Have you ever been charged with any criminal offence? Yes No

If found guilty please give details:-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please name two referees, one of whom should be your current or most recent employer and one who

should be able to give you a character reference. I further understand that all information provided on this application will be stored in compliance with GDPR.

*(Please note references shall only be sought after interview stage).*

**Previous Employer**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DECLARATION**

I understand that this appointment, if offered, will be subject to the information given on this application

being correct and that canvassing will disqualify.

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| **FOR OFFICE USE ONLY**Shortlisted: Yes No Interview Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Successful: Unsuccessful:References Received: Yes NoOther |

Signature of applicant:……………….................................. Date:………………….