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**APPLICATION FORM**

**SENIOR FACILITATOR (NORTHERN TRUST BASED)**

**Closing date: Wednesday 9th April 2025 at 2.00pm**

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| **1. Personal Information** | | | | |
| Name | | | Contact No. | |
| Address  Post Code | | | E-mail | |
| National Insurance number | |
| Do you have access to your own transport? Yes No  Do you have a full driver’s licence? Yes No | | | | |
| **2. Education**  Please note that successful candidates may be asked to supply verification of their qualifications | | | | |
| **Subjects passed at ‘O’ Level/GCSE or equivalent** | | | **Subjects passed at ‘A’ Level/GCE or equivalent** | |
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| **Degrees or Diplomas** | | | | |
| **Name of college/institution** | | | **Qualification and subject** | **Date** |
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| **Other Relevant Training/Courses completed** | | | | |
| **Training establishment** | | | **Course title/content** | **Date** |
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| **3. Employment**  Please give details of all previous employers, starting with the current or most recent, giving exact start and leaving dates. | | | | |
| **Employed**  **From/To** | **Employer** | **Job Title** | **Main Roles and Responsibilities** | |
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| **4. Experience, Skills and Competency Areas** |
| **Outline any relevant 3rd level qualifications (at least to Level 5) in the areas of health & social care, education, child development or similar** |
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| **Please outline a minimum 3 years’ experience you have of working with or supporting families, children or young people.** |
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| **Please outline any experience you have delivering Workshops, Services or Programmes to individuals or groups. Include if you have experience delivering any of these online, e.g. over Zoom or Teams** |
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| **Please outline any knowledge or experience of delivering evidence-based parent programmes such as Incredible Years, Parents Plus or Triple P. Include whether you are an accredited facilitator in any of these programmes** |
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| **Please outline your skills in communicating effectively and building relationships with families, including those from diverse or disadvantaged backgrounds. Give examples where possible** |
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| **Please outline any working knowledge you have of local services and agencies that work with children and families, in particular in the Northern Trust area. Include any experience you have of building relationships with local services or professionals** |
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| **Please outline in detail any previous role you have had where you coordinated the work of other staff or a team in order to ensure consistent progress and project outcomes** |
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| **5. Additional Information**  Please outline any other information not already provided that may be relevant to the post. |
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| **6. References** (Candidates will be given advance notice if referees are to be contacted, and usually this will only be after an offer of employment). Both referees must know you in a work capacity, and one of them should normally be your current or previous line manager | | | |
| Name: |  | Name: |  |
| Position / organisation: |  |  |  |
| Tel: |  | Tel: |  |
| Email: |  | Email: |  |
| In what capacity does this person know you? | . | In what capacity does this person know you? |  |
| **Notice required in your current position, if applicable:**  (Please note that successful applicants will be required to start employment not later than May 19th 2025) | | | |

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| **7. Access NI Code of Practice** |
| Is there any reason you cannot work in regulated activity?  Yes No  Please be aware that having a criminal record will not necessarily be a bar to employment with Colin Neighbourhood Partnership.  If it is necessary to apply for a Disclosure in relation to these posts, a copy of the Access NI Code of Practice will be made available to you, in addition to a copy of our Recruitment of Ex-Offenders policy. |

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| **8. Disabilities** |
| Do you consider yourself to have a disability which is relevant to your job application?  Yes No  If you have answered ‘Yes’, is there anything we should know about your requirements in order to offer you a fair selection interview, or to explore making reasonable adjustments to work arrangements? |

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| **9. Declaration** |
| I confirm that all the information provided is accurate and complete  **Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |