**Mark H Durkan MLA**

**Application for the post of**

**Senior Casework and Research Officer**

**This application form may be submitted either as a hard copy or electronically.**

**Hard Copy:**

Mark H Durkan MLA

141 H Strand Road

Frank Longs’ Complex

Derry

BT48 7PB

**Electronic Copy:**

**Markh.durkan@mla.niassembly.gov.uk**

**Please ensure you quote CCA and your name in the subject line.**

**Note: CVs will not be considered as part of the recruitment process.**

**Applications should be made directly rather than via Recruitment Agencies**

# PLEASE READ THESE NOTES CAREFULLY BEFORE COMPLETING THE FORM

Only details of qualifications (if applicable), employment history and responses to job criteria will be provided to the selection panel. In completing your form, you must provide details of:

## Professional / Technical Qualifications

Relevant or equivalent qualifications, type of qualification and date awarded. If you believe your qualification is equivalent to the one required, the onus is on you to provide the panel with details of modules studied, etc. so that a well-informed decision can be made.

## Experience / Job Knowledge

The recruitment panel may decide to interview only those applicants who appear, from the information available, to be most suitable in terms of relevant experience and ability. It is therefore essential that applicants describe fully in the application form the extent to which they satisfy the specified criteria (givinglength of experience, examples and dates as required). The selection panel will be interested in whom you reported to, what you did and how successful you were.

## APPLICATION FORMS

Applicants are reminded that the application form must be fully completed. Incomplete application forms will not be considered. CVs, letters or any other supplementary material will not be accepted in place of, or in addition to, completed application forms. Only the information presented in the application form will be considered by the selection panel. Those applicants invited to interview, who submitted their applications electronically, will be required to formally sign their applications prior to interview.

Your application will be examined by a selection panel whose job it is to assess the content of your application against pre-determined criteria, based on the requirements of the position. It is therefore in your own interest that you provide a detailed and accurate account of your qualifications/experience, including relevant dates. Any inaccuracy in completing your form may result in rejection, and no further information can be added to your application after the closing date to support your candidature.

## WHEN COMPLETING YOUR APPLICATION FORM

* Please note that applications considered illegible because of:

* + poor handwriting o font / font size
	+ use of ink colour which is difficult to read or photocopy

will be rendered invalid. Font size 12, block capitals (if handwritten) and black ink only.

* Write for the reader who may not know your employer or your job. Include concise examples and dates and be sure you can expand on these at interview.

* It is your responsibility to ensure your completed form is submitted by the deadline stated. Applications received after the time/date will not be considered.
* If you are successfully shortlisted, you will be notified by email and post confirming the date and time of your interview.

**Section 1 Personal details**

This section will be removed from the application prior to shortlisting.

**1. PERSONAL DETAILS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|   |   |   |   |   |

## National Insurance No (This must be completed)

Surname Title

Forenames Known As

Address For Communication

 Town

County Postcode

Daytime Tel No Evening Tel No

Email Address

## 2. EDUCATION

2.a. Please provide details of your post-primary education in the table below.

|  |  |  |
| --- | --- | --- |
| **Type of School/College (secondary, FEC etc)**  | **Name & Level of** **Qualification(s) Gained** **(e.g. GCSE – English A, Maths** **B, History C, etc.)**  | **Dates Attended**  |
|    |       |   | To  |   |
|   |   |   | To  |   |
|   |   |   | To  |   |

## 3. OTHER INFORMATION

If appointed, how much notice would you require before taking up appointment?

## 4. ADVERTISERS

How did you learn of the post?

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| --- |
|   |
|   |
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|   |

Communityni.org

Facebook

Twitter

Email

Other (Please specify)

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## 5. REASONABLE ADJUSTMENTS

Do you require any reasonable adjustments to assist you in any part of this process?

|  |  |  |
| --- | --- | --- |
|   | No  |   |

Yes

If ‘Yes’, you may be contacted to discuss the requirement.

In the box below, please state the adjustments required.

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
|   | No  |   |

Do you require any arrangements to assist you if called for

 test/interview? Yes

If yes, please state the arrangements that will be needed to enable you to attend.

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*For further information on assistance, contact Mark H Durkan MLA (during office hours)*

*028 71365516.*

## 6. GUARANTEED INTERVIEW SCHEME

The Equality Commission's Guidance on Positive Action for People who are Disabled recommends a Guaranteed Interview Scheme (GIS). The GIS has been developed for applicants with disabilities or those with a long term impairment or health condition, that is expected to last for at least 12 months and which means that they cannot meet all of the shortlisting criteria. In these instances, provided that they have demonstrated in their application form that they meet all the essential criteria for the post, the applicant will be offered a guaranteed interview. If the applicant does not meet all the essential criteria, they will not be invited for interview.

The Disability Discrimination Act 1995 introduced a legal definition of "disability". Under the terms of the Act, a disability is defined as:

*"A physical or mental impairment which has a substantial and long term adverse effect on a person's ability to carry out normal day to day activities".*

You should note that if you are taking medication which reduces the effects which your disability would otherwise have, you may still be considered as having a disability - any positive benefit you derive from medication is to be left out when assessing whether you have a disability.

**Please tick Yes or No if you wish to apply under the Guaranteed Interview Scheme:**

|  |  |  |
| --- | --- | --- |
|   | No  |   |

Yes

## BASIS FOR APPLYING UNDER GUARANTEED INTERVIEW SCHEME (GIS)

Please tick box(es) to indicate all of the disabilities which you may have. It may be that you have a medical condition with a specific name (e.g. multiple sclerosis or epilepsy). To aid our understanding, if you are prepared to name any condition which affects you, please do so in the box below;

We reserve the right to request medical information from your own general practitioner (through you and with your consent) for advice.

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* Hearing impairment
* Visual impairment
* Speech impairment
* Mobility impairment
* Physical coordination difficulties
* Reduced physical capacity
* Severe disfigurement
* Learning difficulties
* Mental illness / mental health difficulty
* Manual Dexterity
* Perception of the risk of physical danger
* **Other (Please specify below)**

|  |
| --- |
|  |

##  Medical Condition (Please specify any reasonable adjustments required below)

|  |
| --- |
|  |

**7. EDUCATIONAL QUALIFICATIONS**

## University or other further education

**First degree (or other third-level qualification):**

University or college

Dates of attendance mm/yyyy to mm/yyyy

Title of qualification

Type of degree, diploma/certificate including class and division

Main subjects

Date awarded/expected

## Post-graduate qualifications

University or college

Dates of attendance

Title of qualification

Type of degree, diploma/certificate including class and division

Main subjects

Research or study

Date awarded/expected

## 8. PROFESSIONAL QUALIFICATIONS

|  |  |
| --- | --- |
| **Title**  | **Date**  |
|   |   |
|   |   |
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| --- | --- | --- |
| **Professional bodies of which you are a member (please include type of membership)**  | **Date of registration**  | **Registration No.**  |
|   |   |   |
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## 9. EMPLOYMENT HISTORY

Detail all your employment /self-employment (and unemployment) and any formal volunteering roles for the last **10 years** starting with the present/most recent. Show the dates of employment, name of employer (or name of company if self-employed) and reasons for any non-employment. State job title(s) and key responsibilities.

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates *(Start with most recent job)***  | **Name & Address of Employer**  | **Job Title**  | **Main duties and responsibilities**  |
|  |  Month  |  Year  |   |   |   |
| **From:**  |
|  |  |  |
| **To:**  |
|  |  |  |
|  |
| Tel:  |
|   | Month  | Year  |   |   |   |
| **From:**  |
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| Tel:  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates (Start with**  | **Name & Address of Employer**  | **Job Title**  | **Main duties and responsibilities**  |
|  | Month  | Year  |   |   |   |
| **From:**  |
|  |  |  |
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Please continue on separate sheet if required.

## 10. REFERENCES

Please provide details of a **two referees**. One referee from your current employer (or previous, if not currently employed). If you have no employment history, a personal reference from someone (not a family member) who has known you for the last 3 years will be sought.

A reference will be sought as part of the pre-employment checks. Please include a current address and contact details for all referees.

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates** **(Start with present most recent referee)**  | **Name, Address, Email &** **Telephone of Referee**  | **Job Title of Referee**  | **Reference Type** **(Current/Most Recent** **/Previous employer or** **Character Reference)**  |
|   | Month  | Year  |   |   |   |
| **From:**  |
|  |  |  |
| **To:**  |
|  |  |  |
|  |
| Email:  |
| Tel:  |
|   | Month  | Year  |   |   |   |
| **From:**  |
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| **To:**  |
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| Email:  |
| Tel:  |

## 11. JOB CRITERIA

Please refer to the job description and personal specification and confirm how you meet the essential or desirable criteria for the post

**1 Please describe how you meet the Essential Criteria first, then the Desirable Criteria Note: this will be discussed in detail at interview**

## Professional / Technical Qualifications (no more than 500 words)

|  |
| --- |
|  |

**2 Please describe how you meet the Essential Criteria first, then the Desirable Criteria Note: this will be discussed in detail at interview**

## Experience / Job Knowledge (no more than 500 words)

|  |
| --- |
|  |

**3 Please describe how you meet the Essential Criteria first, then the Desirable Criteria Note: this will be discussed in detail at interview**

## Personal Qualities / Skills (no more than 500 words)

|  |
| --- |
|  |

## 12. OTHER INFORMATION THAT YOU DEEM RELEVANT TO THIS APPLICATION (please limit to no more than 500 words)

|  |
| --- |
|                |

## 13. DECLARATION

*I declare that the information I detailed in this application form are true, complete and accurate to the best of my knowledge and belief.*

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\*If submitting your application by email a typed signature will be accepted.

14. Submit completed application to:

**Please send hard copy applications to:**

Mark H Durkan MLA

141 H Strand Road

Frank Longs’ Complex

Derry

BT48 7PB

**Electronic Copy to be sent to:**

Markh.durkan@mla.niassembly.gov.uk

**Please ensure you quote CCA and your name in the subject line.**

**Completed applications must arrive not later than 5PM Friday 21st March 2025.**

**Interviews shall be held for shortlisted candidates on Friday 28th March 2025 at venue in Foyle Constituency.**