

**HDANI Full Time Family Support Worker x 2 posts**

**Application Form, May 2025**

**35 hrs per week**

**NJC Salary Scale 5, Pt 12 £27,711**

**Closing date Fri 14th May @4pm**

**Application Guidelines**

Thank you for your interest in our vacancy. Please see attached the job description and personal specification for the post. Shortlisting will be based on completed application forms only- CVs will not be accepted. A panel may be formed for further opportunities.

Complete your Application Form as fully and concisely as possible. You should use this form to highlight relevant and appropriate experience with regard to the criteria outlined in the Personnel Specification. You may choose to demonstrate your IT skills be adhering to the same font and minimising unused space in your answer boxes. Candidates will be shortlisted on the basis of information contained in the essential and desirable criteria. If you need to continue any section onto a separate sheet, please mark that sheet clearly with the number of the section to which it refers. Do not enclose any material other than that requested.

Completed applications and monitoring forms should be returned **by email to sorcha@hdani.org.uk** (applications are required to be signed at interview) to be received **no later than 4pm Friday 14th May 2025**.

Canvassing will automatically disqualify.

Huntington’s Disease Association Northern Ireland is an Equal Opportunities Employer. An appointment will be made subject to satisfactory references, proof of qualifications and an enhanced Access NI certificate.

*This post is kindly supported by the National Lottery Community Fund as part of a three year Huntington’s Disease Family Support Project.*

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**Please read the Job Description/Personal Specification carefully and complete all sections**

**1. Personal Details**

|  |  |  |
| --- | --- | --- |
| **Surname:** (Block Letters) | **Forename(s):** (Please underline name by which you are known) | **Title:** (Mr /Mrs /Ms/ etc.) |
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| --- | --- |
| **Home Address:**  | **Address for Correspondence:** |
|  |  |
| **Post Code:**  |  | **Post Code:** |  |

|  |  |
| --- | --- |
| **Contact Numbers:**  | **Health:** |
| **Home:**  |  | **Please give particulars of any illness or injury which incapacitated you for a period of more than seven days over the past two years:** |
| **Mobile:** |  |
| **Office:** |  |
| **Email:** |  |
| **Do you hold a full, current driving license and have access to the use of a car or some other appropriate form of transport to carry out the duties of the post in full?** Yes / No |

**2. Education and Qualifications**

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| --- | --- | --- | --- |
| **From:**  | **To:**  | **School / College / University:**  | **Qualifications:** (Subjects / Grades / Classification) |
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**Relevant Courses Attended:**

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| --- | --- | --- |
| **Date:**  | **Course:**  | **Qualifications** |
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| **Membership of Professional Bodies / Associations:** |
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**3. Experience**

This section should be an outline of your career to date, including your current employment (with the most recent first).

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| --- | --- | --- | --- | --- |
| **Employer Name and Nature of Organisation:** | **Position Held and** **Description of Main Responsibilities:** | **Date From:** | **Date** **To:** | **Reason for Leaving:** |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employer Name and Nature of Organisation:** | **Position Held and** **Description of Main Responsibilities:** | **Date** **From:** | **Date** **To:** | **Reason for Leaving:** |

**Use an additional page if necessary but please label it clearly**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employer Name and Nature of Organisation:** | **Position Held and** **Description of Main Responsibilities:** | **Date** **From:** | **Date** **To:** | **Reason for Leaving:** |
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**4. Selection Criteria: Essential**

In each of the following sections, please state how you meet with particular criteria sought, giving examples and specifying dates as appropriate.

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| **4.1**  | **Use examples from your professional, personal or voluntary experience to demonstrate how you fulfil each of the four personal attributes listed in the Personal Specification (Essential/Shortlist)** |
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| **4.2**  | **Provide evidence, using examples and where relevant referring to length of experience and training, of how you possess each of the five skills listed in the Personal Specification (Essential/Shortlist)** |
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| **4.3**  | **Provide a detailed account of your experience gained over two years of working with individuals or families with complex needs.** Whilst this can include voluntary experience it should be within the context of a professional setting e.g. a charity or community organisation with a line management structure. You should focus on the specific role you played and the outcomes achieved for your clients **(Essential/Shortlist)** |
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| **4.4**  | **Use examples to demonstrate your appreciation for client confidentiality and collaborative working. (Essential/Shortlist)** |
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| **4.5**  | **Using examples, demonstrate your understanding of the impact of being a carer or living with a disability or serious illness. (Essential/Shortlist)** |
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| **4.6**  | **Outline your knowledge and experience of the range of statutory and voluntary services available to carers and people with a disability or serious illness. (Essential/Shortlist)** |
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| **4.7**  | **Provide details of your qualifications in any of the following areas health/social care/social work/psychology/youth work/counselling/nursing. Highlight specific areas of the courses which you feel are relevant to this role.(Essential/Shortlist)** |

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| **4.8** | **Outline your ability to work flexibly from home (or other agreed site), willingness to undergo training and continued learning and to meet the travel requirements of this post. (Essential/Shortlist)** |
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**5. Selection Criteria: Desirable**

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| **5.1**  | **Demonstrate, using examples, how you have worked for over two years with people in the areas of mental health or disability. (Desirable/Shortlist)** |
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| --- | --- |
| **5.2**  | **Outline your experience gained either personally or professionally of Huntington’s Disease (Desirable/Shortlist)** |
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| **Please give details of any convictions for criminal offences, which are not, regarded as “spent” convictions under the Rehabilitation of Offenders (NI) Order 1978 (include date of conviction, nature of offence and sentence)** |
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**6. Additional Information:**

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| --- | --- | --- | --- |
| **Current Salary:**  |  | **Length of Notice:** |  |

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| --- | --- |
|  | **Please tick that you are willing to be subject to an enhanced Access NI Check** |

**Referees:**

Any offer of employment is subject to references. Please give below the names of two persons not related to you, to whom reference may be made. One of the referees should be your current or most recent employer and both should be able to comment on your ability to carry out the particular tasks of the job.

**Name: Name:**

**Occupation: Occupation:**

**Address: Address:**

**Email: Email:**

**Telephone No: Telephone No:**

 **Please tick if you require us to notify you BEFORE we contact your referees.** \_\_\_\_\_\_\_\_\_ **Declaration:**

I certify that to the best of my knowledge, all the information I have given is correct. I understand that any false information given may result in any job offer being withdrawn.

 **Signed: Dated:**

You may use an electronic signature or print and sign the last page of your application and send as a photo attachment with your application.

 Alternatively, you may print your name and sign at a later date.