

**The Confederation of Community Groups (Newry & District)**

**Application Form**

Application for appointment as: Part Time Receptionist / Administrator

This form must be received

**no later than 12 noon on Wednesday 1st March 2023 in Microsoft Word format (NOT PDF)**

Completed application forms to be e-mailed to [rjackson@ccgnewry.org](mailto:rjackson@ccgnewry.org) or by post to Raymond Jackson, The Confederation of Community Groups, Ballybot House, 28 Cornmarket, Newry. BT35 8BG

**Guidance notes for completion of application forms:**

* Please refer to the job description and person specification, as candidates are only short-listed for the next stage of the recruitment process on the basis of information contained in the application form which meets the criteria detailed in the person specification.
* Please ensure all questions are answered and that you fully complete the application form
* Forms must be **typewritten**.
* Application forms, which are received after the above time and date, will **not** be considered.
* CVs must **not** be included and will not be considered.
* Please attach additional sheets if required.

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| **PERSONAL DETAILS** | | | | | | |
| **Title (Mr, Mrs, Miss, Ms, etc)** |  | | | | | |
| **Surname** |  | | | | | |
| **Forenames** |  | | | | | |
| **Address** |  | | | | | |
| **Postcode** |  | | | | | |
| **Telephone numbers** | **Home** |  | **Work** |  | **Mobile** |  |
| **Email** |  | | | | | |

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| **EDUCATION HISTORY**  **Continue on additional sheets if necessary** | | | |
| State **type** of school and/or college of further education/university attended | Level of  qualifications  obtained: | Subject: | Marks or grade: |
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| **Please give details of professional qualifications (including date(s) of award) and/or details of any relevant training**  **and/or details of any membership of professional organisations or institutes (continue on additional sheets if necessary):** | | | |
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| **EMPLOYMENT HISTORY**  Starting with your current or most recent employer and working back, please give details of your **previous work history including any voluntary work. Please state whether full-time or part-time (continue on** additional sheets if necessary) | | | | | |
| **Name and address**  **of employer:** | **From**  **(mm/yy):** | **To**  **(mm/yy):** | **Position(s) held and brief description of duties:** | **Leaving**  **Salary:** | **Reason for**  **Leaving:** |
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| **Please detail any extended period of absence from work due to illness during the last 2 years (longer than 2 weeks):** |
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| **ROLE REQUIREMENTS – ESSENTIAL CRITERIA**  Please detail, using examples, how you meet the essential criteria of the post as outlined in the Person Specification |
| **Essential Criteria 1 –** A minimum of one years experience in a receptionist/administration/customer care role (or equivalent) or Typing / Word-processing (or equivalent) qualification. |
| **Achievement Indicators** |
| **Essential Criteria 2 –** Excellent communication skills and telephone manner, and proficient in the use of email, Internet and Microsoft Office. |
| **Achievement Indicators** |
| **Essential Criteria 3 –** Effective organisational skills and ability to prioritise workload. |
| **Achievement Indicators** |
| **Essential Criteria 4 –**  Proven ability to work under own initiative to complete duties with minimum supervision. |
| **Achievement Indicators** |
| **Essential Criteria 5 –** Proven ability to build effective working relationships. |
| **Achievement Indicators** |
| **Essential Criteria 6 –** Relate well to others, Prepared to conform to CCG’s aims and values, Able to maintain confidentially |
| **Achievement Indicators** |
| **Essential Criteria 7 –** Assurance on daily punctuality, Ability to work in Flexible working arrangements, |
| **Achievement Indicators** |

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| **ROLE REQUIREMENTS** - **DESIRABLE CRITERIA**  Please detail, using examples, how you meet the desirable criteria of the post as outlined in the Person Specification |
| **Desirable Criteria 1 –** Level II qualification in a relevant discipline such as Business Administration, typing, computer skills, Word Processing (or equivalent). |
| **Achievement Indicators** |
| **Desirable Criteria 2 –** Previous Reception/job Experience in similar setting, Experience of Multi-line switchboard, Customer Care Experience, Venue Hire / Room Booking, general administration duties |
| **Achievement Indicators** |
| **Desirable Criteria 3 –** Ability to Cope with complex demands, Experience of Team working |
| **Achievement Indicators** |
| **Desirable Criteria 4 -** Knowledge of the work of local Community/Voluntary Organisations and/or evidence of involvement in groups socially |
| **Achievement Indicators** |

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| **Eligibility to work in the UK**  **Are you currently eligible to work in the UK?**  You will be required to provide documentation to support this claim (under section 8 of the Asylum and immigration Act 1996) if offered the **post.** | | **Yes** |  | **No** |  |
| How soon could you start in this role? |  | | | | |

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| **REFERENCES**  ***Please give the names, addresses and occupations of two persons, not related to you, from whom employment/work-based references may be sought. One of your referees should preferably be your current or most recent employer (whether paid or voluntary work) and both should be able to comment on your ability to carry out the particular tasks of this job.*** | |
| **REFEREE 1** | |
| Name |  |
| Occupation |  |
| Address |  |
| Telephone Number |  |
| Email |  |
| **REFEREE 2** | |
| Name |  |
| Occupation |  |
| Address |  |
| Telephone Number |  |
| Email |  |

**DECLARATION**

*I declare that all foregoing statements are true and complete to the best of my knowledge and belief. I understand that knowingly giving false or inaccurate information or suppressing any material fact will lead to disqualification or, if appointed, dismissal.*

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Information about Criminal Convictions**

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| **With reference to the Rehabilitation of Offenders (NI) Order 1978, have you been convicted of a criminal offence?** Please note that this will not necessarily be a bar to employment | | **Yes** |  | **No** |  |
| If yes please give details: |  | | | | |

If you have answered “yes” to this question please return this form in a sealed envelope with the following on it.

**In Strictest Confidence**

**For the Attention of the Chief Executive**

**HR REF: Administration / Receptionist Feb 2023**

**Your name**

**Your address**

The envelope will only be opened in the event that you are the preferred candidate for the post. If you are unsuccessful the envelope will be disposed of.

**Equal Opportunities Monitoring Form**

***This questionnaire will not be seen by either the short listing or interview panel members***

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| **AGE**  **Date of birth:** |  |  |  |  |  |  |  |  |
| *d* | *d* | *m* | *m* | *y* | *y* | *y* | *y* |

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| **GENDER** | **Male** |  | **Female** |  |

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| **MARITAL STATUS** | **Married/Civil Partnership** |  | **Single** |  |
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| **Other (please specify)** |  | | |

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| **CULTURAL/ETHNIC ORIGINS** | | | | | | | |
| **Please state your nationality or citizenship (for example, British, Irish, Polish):** | | | |  | | | |
| **Please highlight the ethnic group you consider that you belong to** | | | | | | | |
| **White** |  | **Indian** |  | **Pakistani** |  | **Bangladeshi** |  | |
| **Chinese** |  | **Black African** |  | **Irish Traveller** |  | **Black-other (please specify)** |  | |
| **Other (please specify)** |  | | | | | | | |

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| **DISABILITY**  A person has a disability if he or she has ***"a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities"*** Disability Discrimination Act 1995 | | | | | |
| **Do you, in accordance with the above, consider yourself to have a disability?** | | **Yes** |  | **No** |  |
| **If yes, please state nature of disability:** |  | | | | |

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| **DEPENDANTS**  **Have you any caring responsibility?** | | | | | **Yes** |  | **No** |  |
| **If Yes Please specify.** | | | | | | | | |
| **Children** |  | **Relative(s)** |  | **Other (please specify)** | |  | | |

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| **PERCEIVED RELIGIOUS AFFILIATION AND/OR COMMUNITY BACKGROUND** | |
| **I am a member of the Protestant community** |  |
| **I am a member of the Catholic community** |  |
| **I am a member of neither the Protestant nor the Catholic community** |  |

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| **ADDITIONAL INFORMATION**  **To monitor the effectiveness of our advertising please indicate where you saw this position advertised:** |
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