

The Confederation of Community Groups (Newry & District)

Application Form

Application for appointment as: Fixed Term Community Support Worker (Neighbourhood Renewal)

This form must be received **no later than 12 noon on Friday 28th February 2025 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 based on 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 with 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 –** 2 years’ experience of working in community and / or social development in either a paid or voluntary capacity. |
| **Achievement Indicators** |
| **Essential Criteria 2 –** Excellent understanding of the issues in relation to community development in the Neighbourhood Renewal areas of Newry city. |
| **Achievement Indicators** |
| **Essential Criteria 3 –** Proven ability to develop and manage successful working partnerships with community / voluntary /.statutory / business sectors. |
| **Achievement Indicators** |
| **Essential Criteria 4 –** Demonstrate your knowledge of IT packages giving examples of how you have applied them in your work. |
| **Achievement Indicators** |
| **Essential Criteria 5 –** Excellent administration, organisational skills and ability to work under pressure both as a team and independently. |
| **Achievement Indicators** |
| **Essential Criteria 6 –** Excellent communication skills (oral and written) / Ability to collate & analyse information / Ability to plan time and use own initiative. |
| **Achievement Indicators** |
| **Essential Criteria 7 –** Ability to work in Flexible working arrangements/ Access to car / Clean valid Driving licence / Assurance on unsocial hours. |
| **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 –** A third level qualification appropriate to community Development or Social & Youth Work Development. |
| **Achievement Indicators** |
| **Desirable Criteria 2 –** Experience in managing or developing projects in the com/vol sector including budgetary and facility management. |
| **Achievement Indicators** |
| **Desirable Criteria 3 –** Experience in completing applications for funding / Experience in organising and delivering training to volunteers / Knowledge of Safeguarding / Ability to Cope with complex demands / Evidence of Public presentation skills. |
| **Achievement Indicators** |
| **Desirable Criteria 4 –** Evidence of Community Interest / Membership of community/voluntary group on voluntary basis. |
| **Achievement Indicators** |

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| **Do you hold a full, current driving licence which enables you to drive in Northern Ireland?** | | **Yes** |  | **No** |  |
| **Do you have access to a form of transport which enables you to meet the requirements of the post in full?** | | **Yes** |  | **No** |  |
| **Are you currently eligible to work in the UK?** | | **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 1979, 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: Community Support Worker (Neighbourhood Renewal) 2025**

**Your name**

**Your address**

The envelope will only be opened if 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** |  |
| **Divorced** |  | **Separated** |  |
| **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 Roman Catholic community** |  |
| **I am a member of neither the Protestant nor the Roman 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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