

Application Form: Thank you for your interest. This Application Form should be completed in full using **BLACK INK**. Applicants will be assessed only on the information requested in the Application Form. Curriculum Vitae will not be considered. Failure to fully complete the Application Form may cause your application to be rejected.

Job applied for: **Health Support Worker (20 hours)**

PERSONAL DETAILS

Surname	
First Names	
Title	
Address	
Postcode	
National Ins No	
Mobile Tel	
Home Tel	
Work Tel	

May we contact you at work?	YES / NO
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**Closing Date: Closing Date 8th April at 12.00 noon
with Interviews to be held Week Beginning 22nd April 2024.**
Applications received after the above time will not be considered.

Please return form to:
Admin Assistant, Coleraine Sure Start Partnership, 34c Society Street, COLERAINE BT52 1LA

Job Reference: _____

EDUCATION

a) Please give full particulars of all secondary level educational qualifications.

Level	Subject Passed	Grade	Year Attained

b) Please give full particulars of all further educational qualifications.

Degree/Diploma/Certificate	Month/Year Obtained

c) Please specify any professional qualifications/memberships obtained including dates awarded.

Name of professional body	Part No. with date and result

d) Additional qualifications, training etc relevant to this post (with dates).

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MEDICAL HISTORY

a) Please provide brief details an approximate dates of any periods of sickness over the past two years.

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b) Do you have a medical condition which may affect your performance in the job? Yes/No
If yes give details.

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CURRENT EMPLOYMENT

Name and address of present employer:

Date appointed: _____ Present salary: _____

Job Title: _____ Notice Period: _____

Principal duties of Present Post:

Dates	Name and Address of Employer	Post

Dates	Name and Address of Employer	Post

JOB RELATED EXPERIENCE - Essential Criteria

Applicants **must** indicate how their experience to date meets the requirements of the Job Description and fulfils the criteria contained in the Person Specification. Experience gained outside the workplace may be included. Please continue on a separate sheet if necessary.

Essential Criteria: Two years' paid employment experience working with children under four years old and/or 2 years' experience working with families

Essential Criteria: Evidence of good written and spoken communication skills

Essential Criteria: IT Skills with the ability to use Microsoft office packages

Desirable Criteria: One year's experience facilitating groups on health related topics eg Swimming, Walking, Baby Massage, Baby Yoga

Other: Candidates must have access to a form of transport that will permit them to meet the requirements of the post in full

A full current driving license and access to a car to fulfil the requirements of the post Y/N

If No, a suitable alternative means of transport? Y/N

If Yes, what means of transport do you have to enable you to fulfil the requirements of the post?

REHABILITATION OF OFFENDERS – (NI) ORDER 1978 AND (EXCEPTIONS) ORDER 1979.

Unprejudiced consideration will be given to candidates who declare criminal conviction(s) unless their offence(s) is/are manifestly incompatible with the post in question. Do you have or have ever had any convictions, cautions or bind-over orders in relation to any offence of any kind, which are to date unspent?

Please write "Yes" or "No" _____ **(Do not leave blank)**

Note: Custodial sentences of over 30 months can never become spent.

If you answered "Yes", please give full details of the offence including the nature of the conviction, dates of conviction and sentence imposed.

Note: that under the 1979 Rehabilitation of Offenders (Exception) Order, as amended by the 1987 Amended Order, an ex-offender must disclose information about current and spent convictions if the post involves access to the young, the old, the mentally or physically disabled or the chronic sick. If you are successful in this application, it may be necessary for a police check to be carried out before appointment can be confirmed. By signing this application for employment, you are agreeing to this check.

REFEREES

Please give the names and addresses of two persons not related to you from whom references may be sought. One of these **MUST** be your present or most recent employer who is able to comment on your ability to carry out tasks of the position applied for.

Name: _____ Tel No: _____

Address: _____

Occupation: _____

Name: _____ Tel No: _____

Address: _____

Occupation: _____

I hereby declare that to the best of my knowledge the above information is true and accurate.

Signed _____ Date: _____

NOTE: A CANDIDATE FOUND TO HAVE KNOWINGLY GIVEN FALSE INFORMATION, OR WILFULLY SUPPRESSED ANY MATERIAL FACT, MAY BE LIABLE TO DISQUALIFICATION OR, IF APPOINTED, TO DISMISSAL.