A logo for a support service

Description automatically generated

1. **PERSONAL DETAILS (use BLOCK LETTERS)**

|  |  |
| --- | --- |
| Full Name: |  |
| Permanent Address | Address for Correspondence (if different) |
| Preferred Telephone Number (Home) (Mobile) | |
| Email address | |

1. **REFEREES**

|  |  |
| --- | --- |
| In the event of a job (not interview) offer, would you be willing to give your permission to contact this person for a reference? Yes No  Give name, address and a contact number of two persons not related to you who are willing to supply a reference. One of these should be your current or most recent employer or supervisor of your work | |
| ***Referee (1)*** | ***Referee (2)*** |
|  |  |

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| DECLARATION |
| I certify that the information given in this application is accurate and complete to the best of my knowledge.  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please note that the signing of this application form indicates that you have read the job description, and any other information issued by the Company and that you can comply with the requirements of the post. Any false statements could result in the application being declared invalid. |
|  |
| **This application form, when completed, should be returned by email to** [**recruitment@westcorkbeacon.ie**](mailto:recruitment@westcorkbeacon.ie) **with DV Support Worker Maternity Leave Cover in the subject heading by the 9th May 2025 at 12.00pm** |

**Closing date and time for receipt of application: 9th May at 12.00pm**

**Late or incomplete applications will not be accepted.**

1. **EDUCATIONAL QUALIFICATIONS**

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| --- | --- | --- | --- |
| **Title of Award** | **University/College/School** | **Dates of Study** | **Final Examination Subjects and Results** |
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| ***Other training undertaken, either privately or through previous employments*** | | | |

**4. INFORMATION TECHNOLOGY – please tick boxes below as appropriate**

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| --- | --- | --- | --- | --- |
|  | ***No knowledge*** | ***Limited familiarity*** | ***Extensive use in work*** | ***Qualification Award*** |
| Microsoft Word |  |  |  |  |
| Microsoft Excel |  |  |  |  |
| Microsoft Outlook |  |  |  |  |
| Database / Statistical Analysis software (please specify) |  |  |  |  |
| Social media (please specify) |  |  |  |  |
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**5. PROFESSIONAL MEMBERSHIPS / ASSOCIATIONS (if any)**

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**6. WORK HISTORY**

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| --- | --- | --- | --- | --- |
| **Dates (from-to)** | **Employer Name & Address / Nature of Work** | **Position Held** | **Reporting To** | **Main duties and responsibilities; key achievements** |
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***Please use an additional sheet if necessary.***

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| --- | --- | --- | --- | --- |
| **Job Title** | **Employer Name and Address** | **Responsibilities** | **Reason for Leaving** | **Working Hours Per Week** |
|  |  |  |  |  |
| Main Responsibilities, Significant Features etc. | | | | |
|  | | | | |
| **Job Title** | **Employer Name and Address** | **Responsibilities** | **Reason for Leaving** | **Working Hours Per Week** |
|  |  |  |  |  |
| Main Responsibilities, Significant Features etc. | | | | |
|  | | | | |
| **Job Title** | **Employer Name and Address** | **Responsibilities** | **Reason for Leaving** | **Working Hours Per Week** |
|  |  |  |  |  |
| Main Responsibilities, Significant Features etc. | | | | |
|  | | | | |
| **Job Title** | **Employer Name and Address** | **Responsibilities** | **Reason for Leaving** | **Working Hours Per Week** |
|  |  |  |  |  |
| Main Responsibilities, Significant Features etc. | | | | |
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| 1. **Please describe your understanding of domestic violence in a rural setting.** | | | | |
|  | | | | |
| 1. **Please outline your experience, skills and abilities in relation to providing a support service to vulnerable groups. *Please give examples.*** | | | | |
|  | | | | |
| 1. **Please give any examples of working collaboratively with other organisations to provide relevant supports for clients** | | | | |
|  | | | | |
| 1. **Please give an example of each of the following from your work history** | | | | |
| * Assessing client needs * Prioritising workloads | | | | |
| 1. **Please give an example of providing advocacy support in your prior employment / experience** | | | | |
|  | | | | |
| 1. **Please describe any experience you might have of working with trauma or services which have a trauma informed practice. *Please give examples.*** | | | | |
|  | | | | |
| 1. **With reference to your personal attributes, what do you think make you suitable for this post? *Please give examples.*** | | | | |
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| 1. **Why are you applying for this post?** | | | | |
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| 1. **Please outline any other supporting information that you consider is relevant to your candidature for this post.**   ***Please use the additional sheet if necessary.*** |
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| 1. **Do you have access to your own transport for work?**   Yes  No |
| 1. **Do you hold a current clean driving license?**   Yes  No |
| 1. **Are there any legal restrictions in relation to your availability to take up employment?**   Yes  No  *If YES, please give details.* |
| 1. **If appointed, when could you commence employment?** |