**A green letter h and flames

Description automatically generatedText

Description automatically generated**

**Important**

You can either print out this application form and complete with black pen or use Adobe Acrobat to complete this form electronically.

Instructions on completing application form electronically:

1. **Save the document to your computer**
2. **Fill in all relevant text areas**
3. **Save your application as you complete each section**
4. **Once completed, attach the PDF to an email and return ALONG with your cover letter and your CV to** [**enquiries@inishowen.ie**](mailto:enquiries@inishowen.ie)

Note: Apple MAC users, do not use Preview to complete this form.

![A blue flag with yellow stars

Description automatically generated with low confidence]()

**Community Integration Worker- Health and Wellbeing (Full-Time)**

This Application Form, when completed, should be returned with your Cover Letter and CV by email to <mailto:enquiries@inishowen.ie>

Closing Date: **4pm on Monday 19th February 2024**

Surname (Last Name) (Block Capitals): - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name (Block Capitals): - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_

Address (for correspondence): -\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent Address (if different): - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone No: - Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_

Do you require any special facilities/arrangements if called for interview: YES/NO.

If yes, please specify:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

How did you hear about this position:

Word of Mouth Local Newspaper IDP Website IDP Job Club

Intreo Social Media (Facebook etc.) ActiveLink

**Languages - Please tick all that apply:**

Fluent : English Ukrainian Russian

Proficient: English Ukrainian Russian

Basic: English Ukrainian Russian

Other Languages? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# PARTICULARS OF EDUCATION

1. **EDUCATION/QUALIFICATIONS OBTAINED (Start with most recent)**

|  |  |  |  |
| --- | --- | --- | --- |
| **School, College, University attended** | Period **From To**  **(Please indicate if Full-Time or Part-Time)** | **Examinations taken indicating which level e.g. Level 7, 8 etc**  **(with dates)** | **Results (Grade Obtained 1, 2.1 …Pass)** |
|  |  |  |  |

# RECORD OF EMPLOYMENT EXPERIENCE TO DATE

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer** | Period of Employment  To From and Reason for Leaving | **Position Held** | **Duties/Responsibilities** |
|  |  |  |  |

N.B. PLEASE COMPLETE PAGE NUMBERS 3 & 4 IN FULL.PLEASE ALSO SUBMIT A CURRICULUM VITAE

RECORD OF EMPLOYMENT EXPERIENCE TO DATE

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|  |  |  |  |

N.B. PLEASE COMPLETE PAGE NUMBERS 3 & 4 IN FULL.

PLEASE ALSO SUBMIT A CURRICULUM VITAE

Details of Relevant Experience

|  |
| --- |
| In relation to the employment record you have supplied please give details of **your experience in the following areas.** You should ensure that the example(s) you use is from a recent period in your employment which you feel most equips you for this position. |

1. Please briefly indicate what skills and experience you have for the role of Community Integration Worker – Health and Wellbeing specifically your experience in one to one supports in Health and Social Welfare for Migrants

**(ii)** Please outline your experience in organizing training and community events.

**(iii)** Part of this role will be collaborating and co-operating with a range of stakeholders in both the community and statutory sectors. Outline any experience you have of this and give an example of how you approached this task.

**iv) Tell us about your experience of accessing services for those** most marginalised and disadvantaged in the area. Give us some examples of advocacy work.

**v)** What do you think are the main challenges for this role and how do you suggest you will overcome them.

(**vi) Level of IT Skills**:

Please outline your ICT skills and experience e.g., MS Office Suite; particularly MS Word, Excel, Access, and PowerPoint, and CRM systems you have used)

Please tick below to indicate competency with the following.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No Knowledge | Basic Knowledge | Good Knowledge | Extensively Used |
| Databases (e.g., MS Access) |  |  |  |  |
| Accounting Package |  |  |  |  |
| File Management |  |  |  |  |
| Presentations (e.g., PowerPoint) |  |  |  |  |
| Social Media |  |  |  |  |
| Spreadsheets (e.g., MS Excel) |  |  |  |  |
| Website Management |  |  |  |  |
| Word Processing |  |  |  |  |

Do you hold a full driving licence? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have access to a car? *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Number of days sickness absence in the last 2 years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please state number of occasions in the last 2 years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Period of Notice – How soon after an offer of employment could you take up employment?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
|  |  |

**PLEASE PROVIDE THE NAMES OF TWO RESPONSIBLE PERSONS AS REFEREES, TO WHOM YOU ARE WELL KNOWN BUT NOT RELATED.**

**(IF YOU ARE IN EMPLOYMENT, ONE OF THE REFEREES SHOULD BE AN EXISTING EMPLOYER)**

NAME: - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NAME:- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS:- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ADDRESS:- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Before signing this Form, please ensure that you have replied fully to all questions.

I, the undersigned, HEREBY DECLARE, all the foregoing particulars to be true.

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE SUBMIT YOUR CURRICULUM VITAE

WITH THIS APPLICATION.

Candidates may be shortlisted on the basis of information given in this Application Form, Coversheet and CV.

RECEIPT OF APPLICATION – Candidates who send their Applications & CVs by email should allow sufficient time to ensure receipt by IDP, not later than the latest date and time for acceptance.

N.B. CANVASSING BY OR ON BEHALF OF THE APPLICANT

WILL AUTOMATICALLY DISQUALIFY.

**(vii) Additional/Relevant Information:** Please use this section to detail any other information you feel would be relevant to your application. You are encouraged to include experience of any voluntary/unpaid activities that you have been involved in. If including qualifications, please state the date they were obtained, and the grade /level achieved. Attach and label any additional sheets used.