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**Community Outreach Worker**

**Application Form**

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| **Post**  | Community Outreach Worker |
| **Location**  | Primarily within our Church Revitalisation Mission in the Cloughey Parish |
| **Closing Date** | Friday 9 November 2018 | **Closing Time**  | 5pm |
| **Return****Arrangements** | Please return completed forms to: Mr Leonard Brown (Cong. Secretary)By either:Email: leonardbrown@trinitygreyabbey.orgOr Post in a sealed envelope marked ‘Strictly Confidential’ to:Trinity Presbyterian Church,Main Street, Greyabbey, Newtownards. BT22 2NE  |

**NOTE:** Applicants must provide sufficient information on their Application Form to enable the selection panel to assess their eligibility in terms of both the Essential and Desirable Criteria. If more space is required in any of the response boxes please alter as required.

Word process Application Forms are preferred, minimum point size 11.

Applications received after the closing date and time will **not** be accepted.

**PERSONAL DETAILS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Dr/Mr/Mrs/Ms/Miss Please delete as appropriate** | **Forename(s)** |  | **Surname** |  |
| Address: |
|  | **Postcode:** |
| **E-mail Address:** | **Contact Number(s):****Mob: Landline:** |
| **Current Occupation (if any):** |  |

**Qualifications**

Briefly outline your academic background, including any qualifications gained.

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| **Qualifications** |
| **Name of Awarding Body** | **Date** | **Qualification(s) obtained** |
|  |  |  |

**ESSENTIAL CRITERIA**

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Please give clear evidence to demonstrate how you meet each of the Essential criteria.

Include dates where appropriate with any relevant examples.

Do not exceed 1,000 words in total.

ESSENTIAL CRITERIA (Cont. if Required)

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**DESIRABLE CRITERIA**

Please give clear evidence to demonstrate how you meet each of the Desirable criteria.

Include dates where appropriate with any relevant examples.

Do not exceed 500 words in total.

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**Employment History**

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| **Previous Employment (Please list most recent first)** |
| **From - To** | **Name & Address of Employer** | **Job Title & Duties** | **Reason for leaving** |
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| --- | --- |
| **References** |  |
| Please give the names and requested contact information of 2 referees, one should preferably be a current / previous employer and the other should preferably be your current minister. References must not be submitted with this form. We will not contact your referees until after any interview or without notifying you first. |
| **Referee 1** | **Referee 2** |
| Name:Address:Telephone Number:Capacity in which you know this person: | Name:Address:Telephone Number:Capacity in which you know this person: |
| Position Held: | Position Held: |
| Email Address: | Email Address: |
| **PLEASE NOTE:** Any family member or person involved in the recruitment process for this Community Outreach Worker post for which you are applying cannot act as a referee. |

Because of the nature of the work for which you are applying, you are advised that, under the provisions of the Rehabilitation of Offender (NI) Order 1978 as amended by the Rehabilitation of Offenders (Exceptions) (Amendment) Order (NI) 1987 you should declare any / all convictions.

Have you ever been convicted of a criminal offence, or are at present the subject of criminal charges?

|  |  |
| --- | --- |
| YES |  |
| NO |  |

If yes, please state the nature and date(s) of the offence(s):

|  |
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|  |

(NB: This disclosure of an offence may be no bar to your appointment).

**APPLICANT DECLARATION**

**Please tick to confirm.**

 I confirm that the above information is to the best of my knowledge complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.

 I agree that should I be successful in this application, I will, if required, apply to the Criminal Records Bureau/Access NI for a standard or enhanced (as appropriate) disclosure/PVG Scheme Record or Scheme Record Update. I understand that should I fail to do so, or should the disclosure or my references not be satisfactory, any offer of employment may be withdrawn or my employment terminated.

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| --- | --- | --- | --- |
| Signature |  | Date |  |

**Please complete and return this form by the closing date contained in the form. Any applications received will be promptly acknowledged.**