



# Application for the post of Kildare HEALTH & WELLBEING FACILITATOR Fixed Term Contract to December 2024

The Application form must be TYPED. Handwritten forms will not be accepted.

All questions must be answered. Do not change the question numbers or sequence.

Boxes may be expanded as required.

No letter of application, CV or written reference should accompany this form.

Please take careful note of the closing date and time and submit your application in plenty of time, as late applications will not be accepted. CKLP accepts no responsibility for applications that are received late.

Surname:

#### 1. Personal Details

First Name:

| Home Address:   |               |         |                      |           |          |
|---|---------------|---------|----------------------|-----------|----------|
| Home Phone Number:  |               |         | Mobile Phone Number: |           |          |
| Email Address:  |               |         |                      |           |          |
|   |               |         |                      | 1         |          |
| 2. Present Position                                       |               |         |                      |           |          |
| Please give details of your                               | current posit | ion     |                      |           |          |
| Organisation  |               | Address |                      | Job Title |          |
|   |               |         |                      |           |          |
| How much notice do you need to give your current employer |               |         |                      |           |          |
|   |               |         |                      |           |          |
| 3. Details of Qualifications                              |               |         |                      |           |          |
| 5. Details of Qualifications                              | •             |         |                      |           |          |
| 3.1 Primary Degrees/Diplomas;                             |               |         |                      |           |          |
| University/Institute/College:                             |               |         |                      |           |          |
| Qualification (Pass/Hons):                                |               |         |                      |           |          |
| Year of Entry:  |               |         | Year Qualified:      |           |          |
| Subjects Studied:   |               |         |                      |           |          |
|   |               |         |                      |           |          |
|   |               |         |                      |           |          |
|   |               |         |                      |           |          |
| <u> </u>  |               |         |                      |           | <u> </u> |

| 3.2 Post Gra            | aduate Degrees/Dip                        | olomas:          |                                |  |                 |                 |
|-------------------------|---|------------------|--------------------------------|--|-----------------|-----------------|
| University/             | Institute/College:                        |                  |                                |  |                 |                 |
| Qualification           | on (Pass/Hons):                           |                  |                                |  |                 |                 |
| Year of Ent             | ry:                                       |                  |                                | Year Qualified:  |                 |                 |
| Subjects St             | udied:                                    |                  |                                |  | _               |                 |
|                         |   |                  |                                |  |                 |                 |
|                         |   |                  |                                |  |                 |                 |
| 4. Details o            | of Other Trainings                        |                  |                                |  |                 |                 |
| _                       | ement/ Leadership  <br>st recent:         | Development,     | / Other Skill                  | ls Training/Courses relevant                           | to this post, b | eginning with   |
| Name of Co              |   | Year<br>Attended |                                |  | 1               |                 |
|                         |   |                  |                                |  |                 |                 |
|                         |   |                  |                                |  |                 |                 |
|                         |   |                  |                                |  |                 |                 |
|                         |   |                  |                                |  |                 |                 |
|                         |   |                  |                                |  |                 |                 |
|                         |   |                  |                                |  |                 |                 |
|                         |   |                  |                                |  |                 |                 |
|                         |   |                  |                                |  |                 |                 |
|                         |   |                  |                                |  |                 |                 |
| 4.2 What ke relevant to | •   | dge have you     | developed                      | as a result of completing the                          | ese courses wh  | ich you feel is |
|                         |   |                  |                                |  |                 |                 |
|                         |   |                  |                                |  |                 |                 |
| 5. Work Ex              | norionco                                  |                  |                                |  |                 |                 |
| J. WOIR LX              | perience                                  |                  |                                |  |                 |                 |
| 5.1 Please p            | Provide details of your Name & Address of |                  |                                | g with the most recent posit<br>Summary of Main Duties | tion:           | Reasons for     |
| (From/To)               | Employer                                  | & Wh             | on Heid<br>ole-Time<br>rt-Time | Summary of Main Duties                                 |                 | Leaving         |
|                         |   |                  |                                |  |                 |                 |
|                         |   |                  |                                |  |                 |                 |
|                         |   |                  |                                |  |                 |                 |

| 5.2 List other relevant activities in which you are, or have been involved, such as volunteering (beginning with       |  |  |
|--|--|--|
| the most recent):  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| 5.3 What aspects of your experience, outlined above, have prepared you for the role of Health & Wellbeing Facilitator? |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| 6. The Role and Function of the Health & Wellbeing Facilitator   |  |  |
| A number of key competencies have been identified as being essential for the effective performance of the role and     |  |  |
| function of Health & Wellbeing Facilitator. These competencies are listed below:                                       |  |  |
| ranction of fleating wellbeing racintation. These competences are listed below.  |  |  |
| 6.1 Faciliatation Skills   |  |  |
| 6.2 Community Development Skills   |  |  |
| 6.3 Training: Development and Delivery   |  |  |
| 6.4 Mental Health Skills & Awaremess   |  |  |
| 6.5 Communication  |  |  |
| 6.6 Organisational Management & Administrative Skills  |  |  |
|  |  |  |
| Outline an example(s) on the following pages of how and where you have displayed each of these competencies (no        |  |  |
| more than 300 words per competency). The example(s) may be drawn from your own experience in various settings          |  |  |
| including professional, social, sporting or voluntary.   |  |  |
| 6.1 Facilitation Skills  |  |  |
| Understands that high quality facilitation is a core element of the work of the Health & Wellbeing Facilitator and     |  |  |
| demonstrates the skills and competencies required.   |  |  |
| ·  |  |  |
|  |  |  |
|  |  |  |
| 6.2 Community Development Skills   |  |  |
| Understands the principles and skills required to ensure engagement and participation of the communities               |  |  |
| supported by the role.   |  |  |
|  |  |  |
|  |  |  |
| 6.3 Training: Development and Delivery   |  |  |
| Understands that training and one-to-one work is another core element of the role and demonstrates the skills          |  |  |
| required.  |  |  |
|  |  |  |

| 6.4 Mental Health Skills & Awareness  |
|---|
| Not only understands and can evidence the skills to work with those struggling with mental distress but |
| demonstrates an appropriate and empathetic approach.  |
|   |
|   |
| 6.5 Communication   |

Has the capacity to clearly articulate views, opinions and attitudes through effective and appropriate and empathic

# 6.6 Organisational Management & Administrative Skills

interaction with all stakeholders in a variety of situations and contexts.

Uses a range of resources, supports and processes to ensure the effective running and project management of a Programme.

# 7. Supporting Statement

This section is for you to provide *further information* in support of your application. You should demonstrate why you have applied for the position and outline any other knowledge/expertise or attributes which you consider pertinent to the role of Health & Wellbeing Facilitator.

#### 8. Details of Referees

Please provide the names, addresses and positions/occupations of two people from whom County Kildare Leader Partnership (CKLP) can request references on your behalf. One should be a recent or most recent employer. Both referees should have been in a position of responsibility within the employing organisation(s). They must not be related to you, or be known to you as a friend. [Please note: All appointments are subject to references satisfactory to CKLP)

| 1 <sup>st</sup> Referee                 | 2 <sup>nd</sup> Referee                 |
|---|---|
| Name:                                   | Name:                                   |
| Organisation Name:                      | Organisation Name:                      |
| Address:                                | Address:                                |
|   |   |
|   |   |
| Telephone No. & Ext:                    | Telephone No. & Ext:                    |
| Email Address:                          | Email Address:                          |
| Position Held:                          | Position Held:                          |
| Your work connection with this referee: | Your work connection with this referee: |

| If you were known by another name when employed please specify: | If you were known by another name when employed please specify: |
|---|---|
| Dates of employment to/from (if applicable):                    | Dates of employment to/from (if applicable):                    |

### 9. Declaration

If this section is not completed, your application will not be considered for processing.

## Please read before signing this application form

I declare that the information I have provided is true and accurate and that I have not omitted any material facts. I accept that the offer of employment is conditional on the provision by me of true, accurate information with no material omissions. I give my consent to CKLP making such reasonable enquiries as it sees fit in respect of my application. I accept that once I have commenced employment, CKLP will be entitled to terminate my contract without notice or withdraw the offer of employment if information in this application is untrue or inaccurate or if there are material omissions from it.

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

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

Completed application forms should be submitted to Liz@countykildarelp.ie to arrive no later than 5:00pm on Friday 26<sup>th</sup> May 2023.

Canvassing will automatically disqualify a candidate.

CKLP is an equal opportunities employer

Please read all notes attached to this form prior to completing the competency-based Application Form.

A competency-based application form requires you to describe some of your personal achievements to date that demonstrate certain competencies (necessary skills/qualities) required for the position you are applying for.

A definition of a skill or quality is given for each competency. You are then asked to describe a situation, from your own experience, which you think is the best example of what you have done which demonstrates this skill or quality. It is essential that you describe how you demonstrated the skill or quality in question.

You are advised to structure what you write so that you give specific information about what you have done – for example, do not simply say that "X was successful", you should describe exactly what you did and how you demonstrated the skill or quality in question.

For each example, please include the following:

- a) The nature of the task, problem or objective;
- b) What you actually did and how you demonstrated the skill or quality (and, where appropriate, the date you demonstrated it);
- c) The outcome or result of the situation and your estimate of the proportion of credit you can claim for the outcome;

Please do not use the same example when illustrating your answer, referencing more than two skill areas.

PLEASE NOTE: Should you be called for interview, the Interview Panel may look for additional examples of where you demonstrated the skills required for this post so, you should think of a number of examples of where you demonstrated each of the skills.













'The Community Mental Health Fund, supported by the Department of Health'.

