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| **A picture containing logo  Description automatically generated**Z:\PN SC Healthy Community Team\Comms Templates\01. SHC Master Logos\01. SHC Logo (RGB).gif    Z:\PN SC Healthy Community Team\Comms Templates\01. SHC Master Logos\02. SHC Partners Logo (RGB).gif | | | | | | | | | | | For official use only | | |
| **Application Form** Closing Date: 18th February 2022 | | | | | | | | | | | | | |
| **Job Title: Social Prescribing Link Worker**  **Section A – Personal Details** | | | | | | | | | | | | | |
|  | **TITLE:** |  | | **FIRST NAME:** | | |  | | | **SURNAME:** | | |  |
|  |  |  | |  | | |  | | |  | | |  |
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|  | **\*ADDRESS – For Correspondence Purposes** | | | | | | | | | | | |  |
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|  | **CONTACT DETAILS:** | | | | | | | | | | | |  |
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|  |  |  | |  | | | | |  | | |  |  |
|  | Work Phone | |  | | Ext. Number | | | |  | | |  |  |
|  |  |  | |  | | | | |  | | |  |  |
|  | Home Phone | |  | | Mobile Number | | | |  | | |  |  |
|  |  |  | |  | | | | |  | | |  |  |
|  | Email Address | |  | | | | | | | | | |  |
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| **Section A – Personal Details Continued** | | | | | | |
|  | **TITLE:** |  | **FIRST NAME:** |  | **SURNAME:** |  |
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You must ensure that all sections of this application form are completed in full.

**In the event of a short-listing exercise being employed, County Kildare LEADER Partnership will examine the application forms and assess them against pre-determined criteria based on the requirements of the position.**

**It is therefore in your own interest to provide a detailed and accurate account of your qualifications / experience on the application form. You should refer to the specific requirements for this position before completing the application form.**

### Section B – Education & Training

***Please note copies of all certificates/qualifications will be requested at a later date.***

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| --- | --- | --- |
| **Name of and Type of school**  **(Second level)** | **Date**  **From - To** | **Examinations Passed**  **(List subjects, Pass/Honours, Papers, Scholarships, etc)** |
|  |  |  |
| **Name of College/University**  **(Full-time or part-time)** | **Date**  **From - To** | **Course and Qualifications** |
|  |  |  |
| **Other Relevant Training** | **Date**  **From - To** | **Course and Qualifications** |
|  |  |  |

**Section C – Employment Record**

**Give below, in date order (starting with your current employer), full particulars of all employment (including any periods of unemployment) between the date of leaving school or college to present date. No period between these dates should be unaccounted for. If it is necessary to continue on a separate sheet, please set the information out in the same manner as below.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Dates** | | | **Title of post held,**  **short description of duties, salary, etc.** | **Name and address of Employer** |
| **Period in months** | **From** | To |
|  |  |  |  |  |
| **Reason for leaving:** | | | | |

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| **Dates** | | | **Title of post held,**  **short description of duties, salary, etc.** | **Name and address of Employer** |
| **Period in months** | **From** | To |
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| **Reason for leaving:** | | | | |

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| **Dates** | | | **Title of post held,**  **short description of duties, salary, etc.** | **Name and address of Employer** |
| **Period in months** | **From** | To |
|  |  |  |  |  |
| **Reason for leaving:** | | | | |

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| --- | --- | --- | --- | --- |
| **Dates** | | | **Title of post held,**  **short description of duties, salary, etc.** | **Name and address of Employer** |
| **Period in months** | **From** | To |
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| **Reason for leaving:** | | | | |

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| **Section D – Competency Based Examples** |
| **NB. Please consider carefully the information provided in the Job Specification and Person Specification when completing this section of the application form.**  In the following section of the application form we are interested in finding out what you consider to be the key strengths and achievements, which make you particularly suitable for the role of Social Prescribing Link Worker in the context of the specific competencies identified for the role.  Please remember the following general points when completing this section:   * It is important that you answer every question. * Each question asks you to describe a specific situation about which you have had experience*.* For each section you should write about an example that best describes your experience in relation to the competency mentioned. * Be specific about one activity that you do at the moment or have done, rather than writing in general terms. * For each question describe the situation, your role and what happened as a result (maximum of 200 to 300 words in total). * It is a good idea to write/type out your answers in rough before you copy the final version on to this application form. * Your answers must describe what you have done. |
|  |
| **1. – Planning and Organising:** |
| Briefly highlight in no more than 300 words, examples that best demonstrate your skills and experience in the competency outlined above. |

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| Total No of Words (Max 300): |

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| **2. –** **Evaluating information, problem solving and decision making:** |
| Briefly highlight in no more than 300 words, examples that best demonstrate your skills and experience in the competency outlined above. |

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| Total No of Words (Max 200): |

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| **3. – Communication and Interpersonal Skills** |
| Briefly highlight in no more than 300 words, examples that best demonstrate your skills and experience in the competency outlined above. |

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| Total No of Words (Max 300): |

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| **4. – Commitment to a Quality Service** |
| Briefly highlight in no more than 300 words, examples that best demonstrate your skills and experience in the competency outlined above. |

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| Total No of Words (Max 300): |

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| **Overall Suitability to the Role** |
| Why are you a suitable candidate for the position of Social Prescribing Link Worker? What are the skills, experience, and qualities that you would bring to the role |

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| Total No of Words (Max 300): |

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| **Section F – Other Information** |

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| Do you hold a current valid driving licence (if applicable)? YES \_\_\_\_\_ NO \_\_\_\_\_  Please state if full or provisional \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please indicate if you have access to your own vehicle YES \_\_\_\_\_ NO \_\_\_\_\_ |

Please provide the names of two responsible persons as referees to whom you are well known but *NOT* related. (If you are currently employed, one of the referees should be a present employer). Referees will only be contacted after interview stage and with your consent.

|  |  |
| --- | --- |
| REFEREE NO. 1 | REFEREE NO. 2 |
| NAME & ADDRESS | NAME & ADDRESS |
|  |  |
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(Before **emailing** this Form please ensure that you have replied fully to all questions.)

The personal information (data) collected on this form, including any attachments, (which may include the collection of sensitive personal data) is collected for the purpose of processing this application and any data collected is subject to County Kildare LEADER Partnership’s privacy statement which can be found at [www.countykildarelp.ie](http://www.countykildarelp.ie)

I, the undersigned, HEREBY DECLARE that all the foregoing particulars are true and give my permission for any enquiries to be made to establish such matters as qualifications, experience, character and for the release by other people, agencies, police authorities or organisations of such information, as may be necessary, to County Kildare LEADER Partnership for that purpose. This may include enquiries from past/present employers.

I confirm that all statements given by me on this Application Form are true, correct and without omission. Any false information given will disqualify my Application.

|  |  |
| --- | --- |
| **SIGNATURE:** |  |
| **DATE:** |  |

**Essential Requirements:**

* Handwritten applications will not be considered, please submit all applications in typed script.
* Completed Application Forms must be returned no later than 5pm on the closing date as indicated on the advertisement. They must be returned by email to [caroline@countykildarelp.ie](mailto:caroline@countykildarelp.ie) . **Please include the Job Title (as described on front page) as a reference in the subject line.** Electronic applications will be acknowledged automatically. Please keep this acknowledgement as proof of delivery of your application. If you do not receive an acknowledgement, please contact County Kildare LEADER Partnership
* Do not forward any certificates, references or CV’s with this form.
* If there is insufficient space provided on this form you may attach ONE additional sheet with your application.
* Applicants may be shortlisted from their application forms. Please ensure that information given is sufficiently comprehensive. The onus is on candidates to establish eligibility in this application form.
* Before you return the form to County Kildare LEADER Partnership please ensure that you have completed all sections.
* Canvassing will automatically disqualify.
* Any employment offered is dependent on the information given being true. False or misleading information or deliberate omissions may result in termination of employment.
* All documents relating to this competition will be retained on file for a period of 12 months following the expiry of the panel formed.
* Late applications will not be accepted
* Please ensure that you have certified copies of all qualifications, as indicated on this application form, available for inspection if requested.