|  |  |  |
| --- | --- | --- |
|  | **MILLENNIUM FAMILY RESOURCE CENTRE**  **Supporting Families ~ Empowering Communities**  Glengoole, Thurles, County Tipperary.  Phone: (052) 9157992  Web: www.mfrc.ie  Funded by the Child and Family Agency | final_logo |

**FORM A1**

Reference Number:

(Office use only)

|  |  |
| --- | --- |
| **Application form:**  **Millennium Family Resource Centre** | **Position: Family Support And Development Worker** |

**Name in full (BLOCK LETTERS):**

**Postal Address (BLOCK LETTERS)** (Please notify us at once of any change in your address)

**Telephone No.(s):-**

**Private:**

**Mobile:**

**E-Mail:**

**Current Employment:**

**Name of Current**

**(or previous) employer:**

**Address:**

**Telephone:**

**Contact name:**

**References:** Please give details of two referees who would support your application

**Name: Name:**

Address: Address:

**Telephone: Telephone:**

**Do you give permission to contact referees. YES NO**

**Do you hold a full drivers license YES NO**

|  |
| --- |
| **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 (forms A1 and A2) 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. |

|  |  |
| --- | --- |
| **Application form** | ***Position:* Family Support And Development Worker** |

Reference Number:

(Office use only)

**FORM A2**

|  |  |
| --- | --- |
| **EDUCATIONAL DETAILS**  Starting with the most recent, list all Certificates, Diplomas and/or Degrees and specify dates of attainment | |
| COURSE TITLE & AWARDING BODY | YEAR COMPLETED |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| Starting with the most recent, list other non-accredited and/or relevant courses and specify dates of attainment | |
| COURSE TITLE & TRAINING ORGANISATION | YEAR COMPLETED |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| **MEMBERSHIPS**  List all Professional Bodies, Voluntary and Community Sector (V&CS) Organisations, etc. | |
| NAME OF PROFESSIONAL BODY/V&CS ORGANISATION, ETC. | YEAR OF MEMBERSHIP |
|  |  |
|  |  |
|  |  |
|  |  |

**BRIEF SUMMARY OF WORK EXPERIENCE**

|  |  |  |  |
| --- | --- | --- | --- |
| **From** | **To** | **Title of Post** | **Employer** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**PREVIOUS EMPLOYMENT RECORD** (Please continue on a separate sheet if desired)**:-**

|  |  |  |
| --- | --- | --- |
| **From** | **To** | **TITLE:** |
|  |  | **NAME AND ADDRESS OF EMPLOYER:** |
| **MAIN RESPONSIBILITIES, SIGNIFICANT FEATURES, SALARY, ETC.:** | | |

|  |  |  |
| --- | --- | --- |
| **From** | **To** | **TITLE:** |
|  |  | **NAME AND ADDRESS OF EMPLOYER:** |
| **MAIN RESPONSIBILITIES, SIGNIFICANT FEATURES, SALARY, ETC.:** | | |

|  |  |  |
| --- | --- | --- |
| **From** | **To** | **TITLE:** |
|  |  | **NAME AND ADDRESS OF EMPLOYER:** |
| **MAIN RESPONSIBILITIES, SIGNIFICANT FEATURES, SALARY, ETC.:** | | |

**SUPPLEMENTARY QUESTIONS:**

|  |
| --- |
| **1: WORKING AS PART OF A TEAM:**  Please indicate where you have worked as part of a team and what skills, qualities and values  you have demonstrated in that team. Please provide an example on how you showed leadership  skills, good communication skills and how you have handled conflict. |
|  |

|  |
| --- |
| **2: EXPERIENCE AND KNOWLEDGE OF WORKING WITH INDIVDUALS, PARENTS WITH COMPLEX NEEDS:**  One of the key aspects of this post is working with individuals, local community groups and Parents  with complex needs. Please indicate by providing an example of where you have demonstrated the following skills, facilitation, listening skills, identifying need, finding solutions and the impact of same  in delivering supports in the community. |
|  |

|  |
| --- |
| **3.** **COMMUNITY BASED EDUCATION AND TRAINING:**  Please provide an example of a piece of community -based education and training that you may  have coordinated, tutored on or facilitated in your community. In doing that, please outline what skills  you have utilized in delivering the above. |
|  |

|  |
| --- |
| **4: KNOWLEDGE AND EXPERIENCE:**  Please indicate how your experience and knowledge in relation to this position. Please demonstrate  and provide examples highlighting your skills, competencies and how you can enhance the role: |
|  |

**Please indicate date when you would be in a position to take up this position if you are successful**

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

|  |
| --- |
| **Any other additional information** |
|  |