### Project Co-ordinator Application

# **Explanatory Notes for Candidates**

### Please read these instructions fully before completing Forms A1 and A2.

1. This Job Application Form is designed in such a way that all of your personal details will be outlined on Form **A1** and will be used for administration purposes only. All specific information furnished by you relating to the post on offer will be outlined on Form **A2.**
2. Shortlisting will be based solely on the information furnished on Form **A2**; therefore, you should ensure that the information given is sufficiently comprehensive and relevant to the post on offer.
3. Read through the Application Form fully and then complete both Forms **A1** (one page) and **A2** (six pages). Handwritten Application Forms will not be accepted.
4. Keep a copy of your completed Job Application Form.
5. Applications will only be accepted on the official Job Application Form and should be received by **4pm on Friday 30th October 2020.** Late applications will not be considered.
6. Return the completed Application Form by email to the Recruitment Administrator: recruitment@treoir.ie **.** Please use the subject line ‘KCI Project Coordinator’.
7. Application Forms sent by e-mail must be attached as a PDF.
8. All applications will be acknowledged by email within 3 working days of receipt. If you do not receive such an acknowledgement, please contact us as soon as possible.
9. You must have time-stamped proof that the application form was sent and received to support any allegations of a loss or delay.
10. Do not forward or attach any cover letter, Curriculum Vitae, Certificates or References with the Application Form. This will be destroyed / deleted immediately.
11. Referees will only be contacted with the permission of the candidate.
12. Canvassing will disqualify.
13. Personal Data provided by the candidate will be used for recruitment purposes only and will be protected in line with Treoir Data Protection and Retention Policies.

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| **Kinship Care Ireland**  | **Application Form A1** |

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| CONFIDENTIAL | **Reference Number** |

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| **APPLICATION FOR POST OF:**  **Project Co-ordinator** |

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| **PERSONAL DETAILS** |
| Name: |
| Address: |
| Telephone Contact Number(s): |
| E-mail:  |

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| **REFERENCES** |
| Give details of two referees, including your current or last employment, who would support your application.  |
| In the event of a job offer, would you be willing to give Kinship Care Ireland your permission to contact the two referees for a reference? Yes  No |
| **1. Current or last employment (Supervisor or Line Manager)** |
| Name: | Organisation / Company:  |
| Address: |
| Email:  | Telephone No: |

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| **2. Second Reference** |
| Name: | Organisation / Company: |
| Address: |
| Email: | Telephone No: |

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| **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 Kinship Care Ireland and that you can comply with the requirements of the post. Any false statements could result in the application being declared invalid. |

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| **Kinship Care Ireland**  | **Application Form A2** |
| **CONFIDENTIAL** | **Reference Number** |

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| APPLICATION FOR POST OF **Project Co-ordinator** |

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| **EDUCATIONAL DETAILS**Starting with the most recent, list all Degrees, Diplomas and/or Certificates and specify dates of attainment. Candidates called to interview will be asked to present verification of awards. |
| COURSE TITLE, LEVEL & AWARDING BODY | YEAR COMPLETED |
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| Starting with the most recent, list other non-accredited and/or relevant courses and specify dates of attainment.  |
| COURSE TITLE & TRAINING ORGANISATION | YEAR COMPLETED |
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| **MEMBERSHIPS**List all Professional Bodies, Voluntary and Community Sector Organisations, etc. of which you are or have been a member. If you played a specific role or undertook special responsibility within the organisation, please give details |
| NAME OF PROFESSIONAL BODY, VOLUNTARY &/or COMMUNITY ORGANISATION, ETC. | YEAR(S) OF MEMBERSHIP |
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| **WORK EXPERIENCE** Starting with the most recent, give details of your work experience. Please add additional sections if required. |
| **Name of Current (or Last) Employer:** |
| Indicate the Sector: Community and Voluntary  Private  Public  |
| Date of commencement: | Date of termination: |
| Outline reason(s) for leaving (if applicable): |
| Position Title: |
| Specify your form of work engagement:Paid  Voluntary  Hours per Week: |
| Outline main tasks of the post: |
| 1 | 2 |
| 3 | 4 |
| 5 | 6 |

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| **Name of Previous Employer:** |
| Indicate the Sector: Community and Voluntary  Private  Public  |
| Date of commencement: | Date of termination: |
| Outline reason(s) for leaving (if applicable): |
| Position Title: |
| Specify your form of work engagement:Paid  Voluntary  Hours per Week: |
| Outline main tasks of the post: |
| 1 | 2 |
| 3 | 4 |
| 5 | 6 |

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| **Name of Previous Employer:** |
| Indicate the Sector: Community and Voluntary  Private  Public  |
| Date of commencement: | Date of termination: |
| Outline reason(s) for leaving (if applicable): |
| Position Title: |
| Specify your form of work engagement:Paid  Voluntary  Hours per Week: |
| Outline main tasks of the post: |
| 1 | 2 |
| 3 | 4 |
| 5 | 6 |

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| **Name of Previous Employer:** |
| Indicate the Sector: Community and Voluntary  Private  Public  |
| Date of commencement: | Date of termination: |
| Outline reason(s) for leaving (if applicable): |
| Position Title: |
| Specify your form of work engagement:Paid  Voluntary  Hours per Week: |
| Outline main tasks of the post: |
| 1 | 2 |
| 3 | 4 |
| 5 | 6 |

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| **SUITABILITY FOR THE POST:**Please answer all the following sections. |

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| Under the headings detailed hereafter please outline your experience, skills, and abilities in relation to the post of Project Co-ordinator. In your answer please outline your role, when, and for how long, you were engaged in the relevant activity. Continue a separate sheet if necessary. ***Word limit of 300 words per section*** |
| **Project Coordination, strategic planning and leadership**  |
| **Management and delivery of results** |
| **Providing family support in a community-based setting** |
| **Communicating effectively with multiple stakeholders** |
| **Experience of Financial Management (including sourcing funds)** |
| **SUITABILITY FOR THE POST (Continued)** |
| **Research, report writing and presentation skills**  |
| **Experience of working collaboratively with external agencies & working to negotiate and influence State policy** |
| **Knowledge of / experience of working with TUSLA Prevention, Partnership and Family Support (PPFS) Programme and Meitheal National Practice Model** |
| **Familiarity with safeguarding children and vulnerable adults (Children First National Guidance)** |

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| Any additional information that you feel is relevant? |
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| Have you access to your own transport for work?  Yes  No |
| Do you have a clean full driving licence?  Yes  No |
| Can you provide a letter of indemnification from your insurer?  Yes  No |

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| Are there any legal restrictions on your availability to take up employment? If YES please give details.  Yes  No |
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If appointed, when could you commence employment with Kinship Care Ireland ?