|  |  |
| --- | --- |
| **Document Title** | Application Pack – **Early Intervention Practitioner** |
| **Contents** | Explanatory Notes and Application Form (A1 & A2) |
| **Version** | V2 |
| **Updated** | 18/12/2024 |

**Explanatory Notes for Candidates**

1. Please read these instructions fully before completing Forms A1 and A2
2. This Job Application Form is designed in such a way that all 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**.
3. Short listing 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.
4. Read the Application Form fully and then complete both Forms **A1** (two pages) and **A2** (three pages).
5. Keep a copy of your completed Job Application Form.
6. Applications will only be accepted on the official Job Application Form and should be received by **12pm, Wednesday 5th February 2025.**
7. Applications will be accepted by email: [recruitment@northsidefrc.ie](mailto:recruitment@northsidefrc.ie) or post Attn: HR Manager, Northside FRC, Clonconnane Road, Ballynanty, Limerick City, V94APX8.
8. Do not forward any cover letter, Curriculum Vitae, Certificates or References with the Application Form.
9. Referees will only be contacted by the Family Resource Centre with the permission of the candidate.
10. Canvassing will disqualify.
11. Information as to the duties, salaries and other terms and conditions of employment in respect of the post currently on offer within **Northside** **Family Resource Centre** is available on [www.northsidefrc.ie/vacancies](http://www.northsidefrc.ie/vacancies).
12. All informal queries can be directed to Mary Harty at [maryharty@northsidefrc.ie](mailto:yvonnewold@northsidefrc.ie) or 061 326623.

**Application Form: A1**

**Reference Number (office use): \_\_\_\_\_\_\_\_\_\_**

CONFIDENTIAL

**Please refer to explanatory notes for completion**

|  |
| --- |
| **APPLICATION FOR POST OF: Early Intervention Practitioner** |
| **PERSONAL DETAILS** |
| Name: |
| Address: |
| Telephone Contact Number(s): |
| E-mail: |

|  |
| --- |
| **REFERENCES** |
| Give details of two referees, including your current or most recent EMPLOYMENT |
| If successful in moving to the 2nd stage of recruitment would you be willing to give **Northside** **Family Resource Centre** your permission to contact the two referees for a reference?  Yes  No |
| **1. CURRENT OR MOST RECENT EMPLOYMENT (Supervisor or Line Manager)** |
| Name: |
| Position: |
| Company: |
| Email: |
| Telephone No: |

|  |
| --- |
| **2. Second Reference** |
| Name: |
| Position: |
| Company: |
| Email: |
| Telephone No: |

|  |  |  |
| --- | --- | --- |
| A panel will be created for 12 months should a similar position arise. Would you (please tick preference): | like to be included on the panel should you be successful? |  |
| prefer to be excluded from any future panel? |  |

|  |
| --- |
| **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 you comply with the requirements of the post. Any false statements may result in the application being declared invalid. |

**Application Form: A2**

**Reference Number (for office use): \_\_\_\_\_\_\_\_\_\_\_\_\_**

**CONFIDENTIAL**

**Please refer to explanatory notes for completion**

**APPLICATION FOR POST OF: Early Intervention Practitioner**

**Current Position/Most Recent Employment**

|  |  |  |  |
| --- | --- | --- | --- |
| **Job Title** | **Company** | **Started** | **To** |
|  |  |  |  |
| **Experience and Knowledge gained** |  | | |
| **Skills and abilities developed** |  | | |
| **Responsibilities held** |  | | |
| **Additional Information** |  | | |

**Previous Employment**

|  |  |  |  |
| --- | --- | --- | --- |
| **Job Title** | **Company** | **Started** | **To** |
|  |  |  |  |
| **Experience and Knowledge gained** |  | | |
| **Skills and abilities developed** |  | | |
| **Responsibilities held** |  | | |
| **Additional Information** |  | | |

**Career History**

|  |  |  |  |
| --- | --- | --- | --- |
| **Job Title:** | **Company:** | **Started:** | **To:** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**EDUCATIONAL DETAILS (Accredited)**

Starting with the most recent, list all Certificates, Diplomas and/or Degrees and specify dates of attainment

|  |  |  |  |
| --- | --- | --- | --- |
| **Institution** | **Level/Award** | **Subject** | **Year Awarded** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**OTHER TRAINING (Non- accredited)**

|  |  |  |
| --- | --- | --- |
| **Subject** | **Training Body** | **Year Completed** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **Membership of professional bodies/voluntary organisations/etc** |
|  |
|  |

|  |
| --- |
| **Other experience and skills relevant to the position** |
| Please outline your experience, skills, and abilities in relation to the post of **Early Intervention Practitioner**. In your answer, please outline the length of time you were engaged in the relevant activity. |
|  |

|  |
| --- |
| **Other experience and skills relevant to the position** |
| **Please demonstrate your experience of assessing needs, referrals to other services and provision of one-to-one support to children and parents/carers.** |
|  |

|  |
| --- |
| **Why are you applying for the position?** |
|  |

|  |
| --- |
| **Have you a full driving licence and a car for work?** |
|  |