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|   |  Post Ref: BAC25/01 |
| **CIRCLE OF SUPPORT (COS) FOR AUTISM FAMILIES****AUTISM PROJECT COORDINATOR****(Maternity Cover)** |
| **APPLICATION FORM**Please read the following instructions carefully before completing this form.* The onus is on the applicant to provide sufficiently detailed information on their application form in order to fully demonstrate how they meet each of the specified criteria. The Shortlisting Panel is not able to make assumptions in the absence of essential information.
* Canvassing will disqualify.
* Completed application forms must be returned by **12.00 noon on Monday the 14th of April 2025**. Applications received after this time and/or date will not be considered.
* Interviews will be held within 2 weeks of closing date.
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| Completed applications should be either posted or emailed to:Miss Shannon KingThe COS Centre,17a Springtown Avenue,Springtown Business Park,Derry~Londonderry BT48 0LYEmail: Shannon@circleofsupport.org.ukThe COS Committee reserves the right to enhance the essential criteria if necessary in order to facilitate a manageable shortlist. |

**Please complete in full in typescript or black ink. All questions must be answered. Candidates should note that only this application form will be used for shortlisting purposes. It is therefore essential that all relevant information is included on the form. CV’s may be attached if they contain other information.**

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| **PERSONAL DETAILS** |
| Title Mr / Mrs / Miss / Ms / Dr | Surname |
| First Names(Please underline name used) |
| Home AddressPost Code | Correspondence address (if different from home address)Post Code |
| Home Telephone No: | Mobile Telephone No:  |
| Email address: |
|  Are you a disabled person? | Yes | No |
| Do you think that any reasonable adjustments to the selection and interview process may be required on account of you being a disabled person? | Yes | No |
| If yes please provide details. |
| Please tick to let us know where you saw this post advertised

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| Job Centre Online | COS Facebook Page |
| Communities NI website | Women’s Centre |
| Other (please state) |   |
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|  EDUCATION AND TRAINING |
| **Main Details of Post Primary Education** |
| Name & Address of School | Dates | Subjects Studied/Level | Examinations Passed/Grades Obtained |
|  | From | To |  |  |
|  |  |  |  |  |

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| Main Details of Further and/or Higher Education (Including Professional Examinations) |
| Establishment | Dates | Subjects Studied/Level | Examinations Passed/Grades Obtained |
|  | From | To |  |  |
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| **Membership of Professional Bodies** |
| Name of Body | Grade of Membership | Date |
|  |  |  |

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| **Current Salary Scale:** |  |
| EDUCATION AND TRAINING continued |
| **Details of In-Service Training** |
|  | Dates |  |
| Course | From | To | Course Provider |
|  |  |  |  |

**EMPLOYMENT HISTORY**

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| Present or Most Recent Post |
| Name, address and business of employer | Dates | Post held and brief description of duties |
|  | From | To |  |
| Reason for Leaving:  | Period of Notice: |

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| Previous Posts (reverse chronological order) |
|  |  |  |  |
| Reason for Leaving:  |

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| --- |
| Previous Posts (reverse chronological order) |
|  |  |  |  |
| Reason for Leaving:  |

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| Previous Posts (reverse chronological order) |
|  |  |  |  |
| Reason for Leaving:  |

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| **Account here for any time since leaving School which has not been included above** |
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| **SUPPORTING EVIDENCE**Please use the table below to summarise how you meet the Essential and Desirable Criteria.If typed the **minimum font size is 12**. Candidates may expand the boxes as appropriate, to a **maximum of three pages,** for the “Supporting Evidence” section. |
| **Essential Criteria** |
| 1. Third level or equivalent in a relevant youth/social work/disability qualification.
 |
| I meet this criterion (please tick as appropriate) | Yes |  | No |  |
| If yes, explain how  |
| 1. Minimum of 5 GCSE Subjects at Grades A\* – C (including English & Mathematics) or equivalent.
 |
| I meet this criterion (please tick as appropriate) | Yes |  | No |  |
| If yes, explain how |
| 1. At least 2 years paid experience of working with and/or delivering projects for young people with a disability and/or Carers within a voluntary or statutory sector.
 |
| I meet this criterion (please tick as appropriate) | Yes |  | No |  |
| If yes, explain how |
| 1. Working knowledge of the issues affecting children and young people with autism and their families.
 |
| I meet this criterion (please tick as appropriate) | Yes |  | No |  |
| If yes, explain how |
| 1. Experience of report writing, monitoring and evaluation.
 |
| I meet this criterion (please tick as appropriate) | Yes |  | No |  |
| If yes, explain how |
| 1. Evidence of a working knowledge of information technology systems including Microsoft Office.
 |
| I meet this criterion (please tick as appropriate) | Yes |  | No |  |
| If yes, explain how |

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| 1. Ability to work on own initiative and within a team.
 |
| I meet this criterion (please tick as appropriate) | Yes |  | No |  |
| If yes, explain how |
| **Desirable Criteria** |
| 1. At least 2 years paid experience of working with and/or delivering projects for children and/or young people with autism within a voluntary or statutory sector. |
| I meet this criterion (please tick as appropriate) | Yes |  | No |  |
| If yes, explain how |
| 2. Experience in applying for funding. |
| I meet this criterion (please tick as appropriate) | Yes |  | No |  |
| If yes, explain how |

**CHILD PROTECTION**

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| This post is a ‘regulated position’ as defined under POCVA (NI) Order 2003. Is there any reason why you would not be suitable to work with vulnerable children/young people? |

**CRIMINAL RECORD DETAILS**

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| If you have been convicted or found guilty of any criminal offence by any court, please give details. Please note that a criminal record will not necessarily be a bar on obtaining a position with COS. |

**REFERENCES**

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| Please state the names of two referees, one of which MUST be your existing or most recent employer who can comment on your suitability to work with vulnerable children/young people. Your referees must not be members of the Selection Panel for this post. |
| **Name** |  | **Name** |  |
| **Address** |  | **Address** |  |
| **Postcode** |  | **Postcode** |  |
| **Occupation** |  | **Occupation** |  |
| **Phone No.** |  | **Phone No.** |  |
| **Email** |  | **Email** |  |

# DECLARATION

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| * **I declare that to the best of my knowledge the information given is honest and accurate.**
* **I confirm that there are no medical reasons which would prevent me from undertaking the duties of this post.**
* **I understand that any false/misleading statement and/or omission on this form may result in disqualification or dismissal if appointed.**
* **I also understand that appointment is subject to receipt of satisfactory references.**
* **I understand that a pre-employment check through AccessNI will be conducted on the preferred candidate before the offer of an appointment is confirmed.**

Signature: .......................................................... Date: ................................................. |

Interviewees will be asked to bring photographic proof of identity, ie., passport, driving licence or electoral identity card.

Before confirmation of appointment, candidates will be required to present proof of claimed qualifications. This should be by sight of originals or by confirmation with the accrediting authority if originals have been lost.