**APPLICATION FORM**

**ROLE – Community Development Worker for Health**

**(Male Travellers)**

**APPLICATION DEADLINE: Tuesday 28th May at 5pm**

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| **SECTION A** | **PERSONAL PROFILE** |
| TITLE: |  |
| SURNAME: |  |
| FIRST NAME: |  |
| ADDRESS 1: |  |
| ADDRESS 2: |  |
| ADDRESS 3: |  |
| COUNTY: |  |
| TELEPHONE HOME / MOBILE |  |
| E-MAIL: |  |
| CURRENT POSITION: |  |
| NOTICE REQUIRED: |  |
| Where did you hear about this post? |  |
| Do you have a full Licence? |  |

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| **SECTION B PLEASE DESCRIBE YOUR EXPERIENCE AND ATTRIBUTES RELATING TO THE FOLLOWING AREAS (Maximum 150 words)** |
| 1. Understanding and knowledge of health issues that affect travellers |
| 1. Working with disadvantaged individuals and communities |
| 1. Understanding of the National Traveller Health Strategy 2022 - 2027 |
| 1. Working on own initiative and within a team |
| 1. Organisational and administrative skills |

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| SECTION C CAREER HISTORY (Most recent experience first) | | | |  |
|  | | | |  |
| **Organisation** | **Date From** | **Date To** | **Areas of Responsibility (Maximum 150 words)**  **Please state if paid/ voluntary/ placement/ full or part time, and number of hours per week** | **Reason for Leaving** |
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| **SECTION D EDUCATION & TRAINING** | | | |
| SCHOOL/COLLEGE / Training body | **Examination / Course** | AWARD ACHIEVED | **DATES** |
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| **SECTION E ANY ADDITIONAL INFORMATION (if applicable)** |
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| **SECTION F REFEREES** | | | | |
| *Please provide the names, addresses and position/occupation of two people (other than relatives or friends) with knowledge of you and your work to whom professional reference can be made. One reference must be from your current employer.*  ***Please Note:*** *your referees will only be contacted if a position is offered to you.* | | | | |
| Name: |  |  | Name: |  |
| Position: |  | Position: |  |
| Address: |  | Address: |  |
|  | |  | |
|  | |  | |
| Contact Number |  | Contact number |  |
| Mobile: |  | Mobile: |  |
| E-mail: |  |  | E-mail: |  |

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| **F. SUMMARY** | | | |
| Before signing this form, please ensure that you have replied fully to all questions asked. Offers of employment are subject to verification of candidates’ eligibility for the position applied for. | | | |
|  | | | |
| **Signature:** |  | **Date:** |  |

**TO APPLY**

Applications should be submitted by email **only**. Application forms should be

marked “Private and Confidential - Community Development Worker for Health”

and emailed to [recruitment@stdc.ie](mailto:recruitment@stdc.ie)

Closing date for applications – **Tuesday 28th May at 5pm.**

**Interviews will take place in STDC Offices, Cahir on Wednesday 5th June.**

**IMPORTANT NOTES**

* Please complete the application form in full. CV’s will not be accepted.
* Shortlisting will apply.
* Candidates attend for interview at their own expense.
* Please note that canvassing by, or on behalf of applicants, will disqualify them from the competition.
* Regarding the submission of applications, it is the time that the email is received not the time sent that is recognised.
* South Tipperary Development CLG is an equal opportunities employer

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