**Advocate: National Advocacy Service for People with Disabilities**

**APPLICATION FORM**

**Section 1 – Personal and Referee Details**

|  |  |
| --- | --- |
| First Name: | Surname: |
| Correspondence Address:  |
| Home Telephone No.: | Mobile Telephone No.: |
| Email Address: |

Please provide details below of two persons, not related to you, who can give an employer reference. **Please note that we will not contact any referee without prior permission from candidate.**

|  |  |
| --- | --- |
| **Employer Reference 1** | **Employer Reference 2** |
| Name |  | Name |  |
| Position Held |  | Position Held |  |
| Company Name & Address |  | Company Name & Address |  |
| Contact Phone Number |  | Contact Phone Number |  |
| Contact Email Address |  | Contact Email Address |  |

**Section 2 – Education/Training and IT**

**Formal Education:**

|  |  |  |
| --- | --- | --- |
| **Name of University/College/ School and Dates Attended (mm/yy - mm/yy)** | **Title of Award** | **Results** |
|  |  |  |

**Additional qualifications gained/ professional memberships/ associations (if any):**

|  |  |
| --- | --- |
| **Company/College/Institute and Dates Attended (mm/yy - mm/yy)** | **Qualification/Training Course** |
|  |  |

**Please list training/ courses undertaken in the past three years to maintain/ enhance your skills**

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|  |

**Information Technology –*Please enter “Yes” where appropriate***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **No Knowledge** | **Limited Familiarity** | **Extensive Knowledge** | **Qualification/Award** **(please give detail)** |
| **Electronic case management system** |  |  |  |  |
| **Microsoft Word** |  |  |  |  |
| **Microsoft Excel** |  |  |  |  |
| **Microsoft PowerPoint** |  |  |  |  |
| **Outlook/ Email** |  |  |  |  |
| **Other (please specify)** |  |  |  |  |

**Section 3 – Employment Details *(Please enter a new line for each role)***

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| --- | --- | --- |
| **Dates****(mm/yy - mm/yy)**  | **Employer Name, Address and Nature of Business** | **Positions held/ Brief Description of Duties** |
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| ***EMPLOYMENT DETAILS CONTINUED:*** |
| ***Dates*****(mm/yy - mm/yy)** | ***Employer Name, Address and Nature of Business*** | ***Positions held/ Brief Description of Duties*** |
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**Section 4 – Supporting Information**

**Please answer each question below (in 300 words or less) making reference to relevant experience gained in your previous employment/ experience, where appropriate:**

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| --- | --- |
|  | **Please expand, giving details of Company, Relevant Role and Dates of Experience (use mm/yy)** |
| 1. Outline how your previous experience has increased your knowledge of relevant disability legislation, disability rights and issues and of developments in disability servicesDescribe the challenges faced by people with a disability in accessing rights and services |  |
| 2. Describe the three most important components to ensuring the provision of a high quality advocacy service to people with disabilities. What principles do you consider are important in delivering a high quality advocacy service? Illustrate your answer by describing a situation where you have provided representative advocacy in respect of a complex issue |  |
| 3. Describe how you approach negotiation. Give an example of a significant negotiation from your advocacy experience to date. |  |
| 4. Outline your experience of advocating on behalf of people with disabilities to ensure their rights, dignity, choices and decisions are safeguarded  |  |
| 5. Describe a situation where you have identified and recorded a social policy issue to inform systemic or organisational change in either the delivery or policy of services. |  |
| 6. Provide examples of times when you worked as part of a team and had to demonstrate flexibility and adaptation to achieve work outcomes. |  |
| 7. Outline your administrative and organisational skills, particularly in respect ofa) caseload managementb) prioritisation of workc) reporting on your work activities |  |

**Section 5 – Other**

Please note any of your professional, voluntary or personal interests which you consider particularly relevant to the role of advocate in the National Advocacy Service for people with disabilities, noting dates of your involvement/membership.

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| --- | --- | --- |
| Do you own or have access to the use of a car? (please tick as appropriate) | Yes | No  |
| Details of any endorsements on your own or the driver’s licence |  |

**Data Protection**

All personal information provided on this application form will be stored securely by the National Advocacy Service and will be used for the purposes of the recruitment process. Application forms will be retained for a period of eighteen months, and in the case of a successful candidate, for the duration of employment and a minimum of one year thereafter. The information may be made available to the Manager of the Service, members of the Board of the National Advocacy Service and to the Shortlisting/Interviewing Panel. You may, at any time, make a request for access to the information held about you as outlined. Should you wish to make any changes, or erasures to any of the information stored about you, please contact the Manager of the service.

**Applicant Declaration**

*I declare to the best of my knowledge and belief, all particulars I have given are complete and true. I understand that any false declaration, misleading statement or significant omission may disqualify me from employment and render me liable to dismissal. I understand that any job offer is subject to satisfactory references, medical examination, sight of educational awards relied upon in this application or at interview and successful completion of a probationary period.*

**Please enter your name below to confirm agreement with above.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Completed application and a covering letter must be submitted no later than Wednesday 31st July at 12 noon**

**The completed application form and a covering letter should be emailed (as an attachment) to** **recruitment@advocacy.ie****.**

**Receipt of your application form will be acknowledged by email by NAS. Late or incomplete applications will not be accepted.**