# Leitrim Disability Sports and Physical Activity Hub Coordinator (Specified Purpose Contract – 2 Year)

Completed application forms in **PDF format only** should be returned to Mohill Family Support Centre, **via email to:** <u>majella@mohillfsc.info</u> to arrive not later than **4.00 p.m. on Friday 10<sup>th</sup> May 2024.** 

Please quote 'Leitrim Disability Sports and Physical Activity Hub Coordinator Application' followed by your name in the subject line of the email.

Note: Hard copy Application Forms will not be accepted.

# PERSONAL INFORMATION

Surname:	Forename (s):
Address:	
Home Telephone Number:	
Mobile Number:	
Email Address:	

Communication with candidates will be via email. Please ensure you have included your personal email address. This is also required for online MS Teams Interviews. Any change to personal details including email address must be notified to Mohill Family Support Centre immediately.

(a) Do you possess a full-unendorsed driving licence?	Yes	No
(b) Do you have access to your own vehicle?	Yes	No
(c) Categories of Vehicles Covered & Expiry Date:		

NB: A copy of your current driving licence must be submitted with your application form.

# **EDUCATION AND TRAINING**

Educational and Formal Qualifications					
Full Title of Qualification(s) held (Masters, Degree, Diploma, Certificate etc)	Duration of Course in Years:	Awarding Body i.e. Name of University, College, School, Examining Authority	Level of Qualification Obtained (in the National Framework of Qualifications) (e.g. Level 6, 7, 8 etc)	Year Qualification was Awarded	

	Other Relevant Qualifications/Training Courses					
Name of Course	Description of Course Content	Date(s)	Course Provider			

Educational and Formal Qualifications

If required additional information can be provided on a separate sheet

## **EMPLOYMENT RECORD**

### **BRIEF SUMMARY OF WORK EXPERIENCE** (starting with your current/most recent role):

	Dates	Dates Employer TITLE & GRADE OF POST Post Stat			Post Status:
Period in Months	From	То			Permanent/ Temporary/Acting

#### Leitrim Disability Sports and Physical Activity Hub Coordinator 2024

### **EMPLOYMENT RECORD:** (starting with your current/most recent role):

Employer:				
Address:				
Nature of Business:				
Position Held:			Grade (if applicable):	
Permanent, Temporary or Acting:			Part Time or Full Time:	
Dates:	From	То	Duration in Months:	
Dates:			Duration in Months:	
Description of main duties a		les		
Reason for Leaving this Post	::			
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Employer:				
Address:				
Nature of Business:				
Position Held:			Grade (if applicable):	
Permanent, Temporary or Acting:			Part Time or Full Time:	
Dates:	From	То	Duration in Months:	
Dates.			Duration in Months.	
Description of main duties a	nd responsibilit	ies		
Reason for Leaving this Post				

#### **Employment Record cont'd...**

Employer:				
Address:				
Nature of Business:				
Position Held:			Grade (if applicable):	
Permanent, Temporary or Acting:			Part Time or Full Time:	
Dates:	From	То	Duration in Months:	
Dates.			Duration in Months.	
Description of main duties a	ind responsibilit	ies		
Reason for Leaving this Post	::			

Employer:				
Address:				
Nature of Business:				
Position Held:			Grade (if applicable):	
Permanent, Temporary or Acting:			Part Time or Full Time:	
Dates:	From	То	Duration in Months:	
Dates.				
Description of main duties a	nd responsibiliti	es		
Reason for Leaving this Post	::			

#### **Employment Record cont'd...**

Employer:				
Address:				
Nature of Business:				
Position Held:			Grade (if applicable):	
Permanent, Temporary or Acting:			Part Time or Full Time:	
Dates:	From	То	Duration in Months:	
Dates:			Duration in Months:	
Description of main duties a	ind responsibilit	ies		
Reason for Leaving this Post	::			

Employer:				
Address:				
Nature of Business:				
Position Held:			Grade (if applicable):	
Permanent, Temporary or Acting:			Part Time or Full Time:	
Dates:	From	То	Duration in Months:	
Dates.				
Description of main duties a	nd responsibiliti	es		
Reason for Leaving this Post	::			

#### Employment Record cont'd...

Employory						
Employer:						
Address:						
Nature of Business:						
Position Held:			Grade (if applicable):			
Permanent, Temporary or Acting:			Part Time or Full Time:			
Dates:	From	То	Duration in Months:			
			Duration in Months:			
Description of main duties and responsibilities						
Reason for Leaving this Post	t:					

Employer:					
Address:					
Nature of Business:					
Position Held:			Grade (if applicable):		
Permanent, Temporary or Acting:			Part Time or Full Time:		
Dates:	From	То	Duration in Months:		
Description of main duties and responsibilities					
Reason for Leaving this Post	t:				

Additional sheets may be included as required, with the information set out in the same manner as above.

### **COMPETENCY ASSESSMENT**

For each of the areas below, please provide a recent specific example of your achievements. You should limit your example to **no more than 300 words** and ensure that you provide specific details about the task or project, your own role and the outcome and how it shows your suitability to meet the challenges of this role.

Delivering Results / Communicating Effectively: (max 300 words)

Leading, Motivating and Performance Management: (max 300 words) Personal Effectiveness: (max 300 words)

Knowledge, Experience and Skills: (max 300 words) Please indicate any particular experience and/or achievements which you consider an Interview Board should be aware of when assessing your application for this post.

### **References:**

Give here the names of two responsible persons to whom you are well known but not related and who will supply a reference (If you are or have been in employment, one of the referees should be an existing or former employer).

Do you consent to Mohill Family Support Centre/Leitrim Sport Partnership contacting your referees? YES NO

FIRST REFEREE	SECOND REFEREE		
Name:	Name:		
Occupation:	Occupation:		
Address:	Address:		
Telephone No.:	Telephone No.:		
Email:	Email:		

Before signing this form please ensure that you have replied fully to all questions.

I certify that the information furnished in this application form is correct and I hereby authorise Mohill Family Support Centre/Leitrim Sports Partnership to seek any additional information that they may require in connection with my application for the post.

Signature of Applicant: \_

Date:

PLEASE SUBMIT APPLICATION FORM AND ANY REQUIRED DOCUMENTS IN PDF FORMAT ONLY AS ONE SINGLE DOCUMENT VIA EMAIL TO: majella@mohillfsc.info NOT LATER THAN 4.00 p.m. on Friday 10<sup>th</sup> May 2024.

Please quote 'Leitrim Disability Sports and Physical Activity Hub Coordinator Application' followed by your name in the subject line of the email.











**Comhairle Chontae Liatroma** Leitrim County Council

# Leitrim Disability Sports and Physical Activity Hub Coordinator (Specified Purpose Contract)

### **IMPORTANT CHECKLIST – PLEASE READ PRIOR TO SUBMITTING APPLICATION FORM**

1. Before signing this form, please ensure that you have replied fully to all the questions asked.

All Sections/Questions in this Application Form must be completed in full <u>(a Curriculum Vitae will</u> <u>not be considered</u>). In order to ensure that each candidate is treated fairly and equally the interview board will only be provided with candidates' application forms.

- 2. Once the application form is submitted to Mohill Family Support Centre/Leitrim Sport Partnership, candidates are not permitted to alter/make additions or make deletions to their application in any way.
- 3. Please ensure that you satisfy the essential requirements for this post. Mohill Family Support Centre/ Leitrim Sports Partnership cannot undertake to investigate the eligibility of candidates in advance of the interview/examination and hence persons who are ineligible but nevertheless enter may thus put themselves to unnecessary expense. Mohill Family Support Centre/Leitrim Sports Partnership will not be responsible for any expenses which may be incurred by the candidate in attendance for interview.

All **incomplete applications** will be deemed **invalid** after the closing date and will not be included in the competition.

- 4. Mohill Family Support Centre/ Leitrim Sports Partnership may decide, by reason of the number of persons seeking admission to the competition to carry out a shortlisting procedure. Shortlisting will be based on the information provided on the application form. The number of persons to be invited to interview shall be determined by Mohill Family Support Centre/Leitrim Sports Partnership.
- All application forms must be submitted in PDF Format only (one single document) fully completed and inclusive of all the requested documentation via email to <u>majella@mohillfsc.info</u> not later than <u>4.00 p.m. on Friday 10<sup>th</sup> May 2024.</u>
- 6. Candidates will receive a confirmation email of their application form to the above email. You should check your Spam/Junk Folders in the event that you do not receive this acknowledgement. The onus is on the candidate to ensure that their application has been received and acknowledged.
- 7. Applications **received** after the closing **date and time** will not be considered.
- 8. The responsibility rests with the applicant to ensure that their application is **received** by the Mohill Family Support Centre/Leitrim Sports Partnership on time. Candidates should ensure that they give themselves sufficient time to allow for any unforeseen circumstances which may arise and which may impact on their application form not being **received** on time.