



10 CLYDE SQUARE
GREENOCK
PA15 INB
TEL: 01475 732700
FAX: 01475 791622
TEXT: 01475 732995

JOB APPLICATION FORM

Application for the post of:
Development Worker
Closing date: 4pm, Friday 17th April
2009
Interview date:

**Please complete this form in
type or black ink. All questions
must be answered in the
spaces provided.**

Surname:

First Name(s):

Address:

Telephone: (H)

Telephone: (W)

Email:

Textphone:

Are you a disabled person?

Yes

No

Please note any criminal convictions except those "spent" under the Rehabilitation of Offenders Act 1974. If none please state:

Current / most recent employer:

Address:

Post Code:

Dates:

Salary:

Give brief details of your work (if currently unemployed please give details of unpaid activities currently being undertaken:

Period of notice required:

Reason for leaving / wishing to leave:

Are you related to any member of the ICOD Board of Directors or to any member of staff?

If so, whom?

A RELATIONSHIP WILL NOT PREVENT ICOD FROM CONSIDERING YOU FOR EMPLOYMENT, BUT YOU MUST DECLARE IT.

Previous Employment (starting with most recent) Name and Address of Employer	Post	Salary	Dates	Reason for leaving

Please give details of other interests including involvement in voluntary organisations which you consider relevant to this application:

Do you have a current Driving Licence?

Do you own a vehicle?

Are you prepared to use this vehicle for work?

Education / Training	Date	Brief details of courses taken and results

Please provide two referees - one of whom should be your present or most recent employer and the other someone who has known you in work, education or a voluntary organisation. All appointments are subject to satisfactory references.

Name:

Name:

Address:

Address:

Tel: home/work

Tel: home/work

How do you know this person?

How do you know this person?

May we contact before
interview?

Can we contact before
interview?

Describe how your experience and personal qualities make you suitable for this job, giving examples. Please explain why you are interested in the job. **Please ensure you answer each of the points outlined in the person specification in order.**

(If necessary you may continue on one further side of A4)

Please give details of all absences from work due to ill health in the last 12 months.

Where did you hear of this vacancy?

I declare that the information given on this form is correct and can be treated as part of any contract of employment. Giving false information will give my employer the right to terminate any contract offered.

Signed:

Date:

Please Return Completed Application Forms plus the Equal Opportunities Monitoring Form by 4pm on Friday 17th April 2009 to:

**Inverclyde Council on Disability
10 Clyde Square
Greenock
Renfrewshire
PA15 1NB**

Inverclyde Council on Disability Ltd.

Development Worker (35 hrs per week)

£21,861-£23,436

DUTIES AND RESPONSIBILITIES

- To be responsible to the Project Manager for all work undertaken on behalf of Inverclyde Council on Disability Ltd and to deputise in his or her absence.
- To develop public information systems on disability and other issues.
- To liaise and participate in networking activities in conjunction with the Project Manager to promote social inclusion with particular reference to people with disabilities both locally and nationally.
- To deliver and develop, in conjunction with the Project Manager, training on Disability Issues.
- To conduct Access Audits as required.
- To support individuals, their families, Carers, groups and other agencies with issues relating to Social Inclusion and disability.
- To produce, co-ordinate and oversee the distribution of the Newsletter on a quarterly basis and other such mailings.
- Ensure maintenance of confidentiality and compliance with the Data Protection Act and other relevant legislation.
- Undertake other such duties as directed by the Project Manager

Inverclyde Council on Disability Ltd.

Development Worker Person Specification

The following qualities are essential

- Good Standard of Education
- Capacity to motivate and energise individuals and teams.
- Experience of working to operational work plans, including monitoring and evaluation frameworks.
- Good communication and presentational skills.
- Ability to work to deadlines.

- Good negotiating skills and ability to deal with representatives of external organisations.
- The ability to develop partnerships with other organisations.
- Ability to market and promote services.

- Experience of Disability issues and Disability related legislation.
- Experience of developing and delivering training packages.
- Some Experience of business planning and successfully attracting grant and other funding.
- Strong commitment to social inclusion and equal opportunities.

The following qualities are desirable

- Experience of working with a voluntary board of directors.
- Experience of working with and managing Volunteers.
- A knowledge of financial planning and record-keeping.
- A knowledge of common business practices, including Health & Safety, Employment Law and other relevant legislation.
- A good knowledge of the local Voluntary Sector and local Authority practices and procedures.
- Experience or knowledge of local community learning opportunities and services.
- Experience of working with disabled people with a broad range of impairments.
- A personal experience of Disability.

Equal Opportunities Monitoring Form

As an equal opportunities employer, Inverclyde Council on Disability (ICOD) keeps records of the gender, ethnic origin and any disability of job applicants to monitor the implementation of our policy.

This page is used for monitoring purposes only and will remain strictly confidential. It will not be seen by any members of the interview selection panel.

Please answer all questions.

1. Post applied for? **Development Worker**
2. Gender: Male _____ Female _____
3. Ethnic Origin: White _____
Black _____
4. Specific Ethnic Origin African/Caribbean _____
Asian _____
British _____
Chinese _____
European _____
Other _____
5. Age Under 21 years _____
21-30 years _____
31-40 years _____
41-50 years _____
51-60 years _____
Over 60 years _____
6. Do you consider yourself to have a disability? Yes/No
7. What is the nature of your disability? (Please specify)

8. How did you hear about this post? _____
(Please indicate newspaper/newsletter etc)

Thank you for completing this form.