

E-mail: Post

Closing date







All sections to be completed in full

The Glen & Surrounds Community Gardener - Food production APPLICATION FORM

Please carefully note the following instructions:

Please return completed application form to:

- Please ensure you read, in full, the instructions for the completion of this application form and complete
 all areas, including the eligibility section, in full. Failure to complete all areas of the application form may
 result in you not being brought forward to the next stage of the selection process.
- Please read the Job Specification which provides useful information about the requirements of this post.
- The Glen Resource Centre is an Equal Opportunities Employer.

glenresourcecentre@gmail.com

Monday 02/06/2025 applications: **Applicant Details:** Position Applied for: Community Gardener/Food production - The Glen and Surrounds Candidate Reference No (office use only) **Personal Details:** First name: Last Name: Postal address for correspondence: Mobile Telephone (mandatory): Contract Telephone No. 2 E-mail Address (mandatory): (Please provide one Email Address Only) Drivers Licence (please state type & category):

EDUCATIONAL ACHIEVEMENTS

Please outline second level and any third level educational achievements

Dates From / To	Educational Institution	Conferring Body	Course of Study	Qualification Achieved	Grades Achieved

OVERVIEW OF CAREER HISTORY- Please detail all periods since you have left full time education:

From	То	Title	Employer

DETAILED CAREER HISTORY – listing the most recent first:

Job Title:	
Job Title.	
Grade / Management Level (if applicable):	
Employer(s) & Department Name:	
From (00/00):	To (00/00/):
(*****)	
Main Roles & Responsibilities:	
Job Title:	
Grade / Level (if applicable):	
Employer(s) & Department Name:	
From (00/00):	To (00/00/):
Maila Balan O Banana di Nista	
Main Roles & Responsibilities:	

Job Title:	
Grade / Level (if applicable):	
Employer(s) & Department Name:	
From (00/00):	To (00/00/) :
Main Roles & Responsibilities:	
Job Title: Grade / Level (if applicable):	
Employer(s) & Department Name:	
Employer(s) & Department Name.	
From (00/00):	To (00/00/):
Main Roles & Responsibilities:	

Job Title:	
Grade / Level (if applicable):	
Employer(s) & Department Name:	
From (00/00):	To (00/00/) :
Main Roles & Responsibilities:	

ELIGIBILITY CRITERIA

Eligible applicants will be those who, on the closing date for the competition, have:

Eligibility Criteria (A)

A relevant qualification in Community Work / Community Development / Community Education / Health Promotion / The Humanities or related area of study e.g. a certificate, diploma or degree in Youth and Community Work / Community Education.

Please detail below (in months) your experience to date that demonstrates your fulfilling of the above eligibility criteria. Please note that the information supplied here will be used to determine your eligibility for this campaign. Please list your monthly hours and total months of work as they are.

From Date 00/00/00	To Date 00/00/00	Total Months	Employer	Title of Post	Grade
Total Cumul	ative Months				

<u>OR</u>

_						/-·
F	liσi	hil	itν	Crite	ria	(R)

At least two years experience relevant to the post

Please detail below (in months) your experience to date that demonstrates your fulfilling of the above eligibility criteria. Please note that the information supplied here will be used to determine your eligibility for this campaign. Please list your monthly hours and total months of work as they are.

From Date 00/00/00	To Date 00/00/00	Total Months	Employer	Title of Post	Grade
Total Cumulative Months					

POST SPECIFIC REQUIREMENTS

Please indicate below how your professional experience meets the post specific requirements for the post of Community Gardener – Food Production.

This section will be assessed by interviewing panel to consider your experience as it is relevant to the post specific requirements

- Please note that if you omit information in this section pertinent to the post specific requirements you may be deemed ineligible and subsequently not called forward to interview.
- Short-listing may occur based on the information provided here and in the other areas of this application form.
- Please complete each section below. As you complete each section we recognise there will be overlap in the employer and date periods.

Evidence of community development practice Development approach	Evidence of community development practice and experience of working with communities using a Community Development approach				
Date(s) from – Date(s) to	Employer(s) & Department Name				

Evidence of ability to enhance links with primary care and community groups and in doing so work in partnership identify local health issues and explore methods of enhancing the local delivery of health services Date(s) from – Date(s) to Employer(s) & Department Name		
identify local health issues and explore methods of enhancing the local delivery of health services		
identify local health issues and explore methods of enhancing the local delivery of health services		
identify local health issues and explore methods of enhancing the local delivery of health services		
identify local health issues and explore methods of enhancing the local delivery of health services		
identify local health issues and explore methods of enhancing the local delivery of health services		
identify local health issues and explore methods of enhancing the local delivery of health services		
identify local health issues and explore methods of enhancing the local delivery of health services		
identify local health issues and explore methods of enhancing the local delivery of health services		
identify local health issues and explore methods of enhancing the local delivery of health services		
identify local health issues and explore methods of enhancing the local delivery of health services		
identify local health issues and explore methods of enhancing the local delivery of health services		
identify local health issues and explore methods of enhancing the local delivery of health services		
identify local health issues and explore methods of enhancing the local delivery of health services		
Date(s) from – Date(s) to Employer(s) & Department Name	Evidence of ability to enhance links with pridentify local health issues and explore me	rimary care and community groups and in doing so work in partnership ethods of enhancing the local delivery of health services
	Date(s) from – Date(s) to	Employer(s) & Department Name

Demonstrate ability to work with a range of stak Inclusion & Community Health and Wellbeing.	Demonstrate ability to work with a range of stakeholders to develop initiatives locally designed to support Social Inclusion & Community Health and Wellbeing.				
Date(s) from - Date(s) to	Employer(s) & Department Name				

References:

Please give <u>three</u> referees (including your current employer). Please ensure that the referees you provide are from a professional perspective. We retain the right to contact all previous employers. Do you wish us to contact you prior to contacting your referees?

Yes:		No:	
1. Name and Job Title of Referee:			
Professional Relationship to candidate:			
Postal Address:			
Telephone Contact Details:	Mobile:	Landline:	
Email Address: —			
2. Name and Job Title of Referee:			
Professional Relationship to candidate:			
Postal Address:			
Telephone Contact Details:	Mobile:	Landline:	
Email Address:			
3. Name and Job Title of Referee:			
Professional Relationship to candidate:			
Postal Address:			
Telephone Contact Details:	Mobile:	Landline:	
Email Address:			