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| **Reference** | PEO-0322.2 |
| **Post** | Participation and Engagement Officer |
| **Contract** | (FIXED TERM until 31st March 2023 possibility of extension subject to funding with) |
| **Location** | IABA ULSTER- HOUSE OF SPORT/HOME WORKING |
| **Regulated** | YES |
| **Closing Date and Time** | Thursday 29th September at 5pm 2022 |



# **Irish Athletic Boxing Association Ltd.**

The IABA Ltd IS AN EQUAL OPPORTUNITIES EMPLOYER AND WELCOMES ALL APPLICANTS REGARDLESS OF COMMUNITY BACKGROUND, RACE, AGE, DISABILITY OR GENDER

**SURNAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**INITIALS: \_\_\_\_\_\_\_\_**

PLEASE READ THE FOLLOWING INSTRUCTIONS CAREFULLY, AS FAILURE TO COMPLY WITH THEM MAY LEAD TO YOUR APPLICATION BEING REJECTED

1. All sections of this form should be completed in black ink or ball point pen to facilitate photocopying and individually signed by the applicant. Application forms which do not contain all the information which has been sought may not be considered.
2. Where an advertisement specifies a qualification (academic, professional and/or vocational) ‘or equivalent’ the responsibility lies with the applicant to show how their qualifications meet the minimum standard specified.
3. For clerical and administrative posts, word processing and/or other computer skills may be tested, and the test and/or assessment results may be used by the Panel to assess skills/competencies for shortlisting for interview.
4. Please do not include a Curriculum Vitae or reference with your completed form. No other additional information, apart from that which is requested in the format of the Application Form will be considered.
5. If you wish to have receipt of your application form acknowledged, please enclose a stamped addressed envelope. It is applicant responsibility to ensure application is received by IABA Ltd.
6. THIS APPLICATION FORM AND THE EQUAL OPPORTUNITIES MONITORING QUESTIONNAIRE MUST NOT BE SEPARATED AND MUST BE RETURNED TO:

[***hr@iaba.ie***](mailto:hr@iaba.ie) ***Electronically (this should be sent for the attention of Human Resources Department no later than 5pm on Thursday 29th September).***

1. In the current climate we would strongly prefer that all applications are sent via email.
2. CLOSING DATE IS Thursday 29th September.
3. APPLICATION FORMS WHICH ARRIVE AFTER THE CLOSING DATE AND TIME WILL NOT BE ACCEPTED.

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| **APPLICATION FOR EMPLOYMENT** |

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| **SECTION 1: PERSONAL INFORMATION** |

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| **Forename** |  |
| **Surname** |  |
| **Address** |  |
| **Town** |  |
| **County** |  |
| **Postcode** |  |
| **Email address** |  |
| **Daytime Telephone Number** |  |
| **Mobile Number** |  |
| **National Insurance Number** |  |
| **Do you hold a current driving licence?** | **Yes/No** |
| **Licence type (eg Car/LGV)** |  |
| **Do you have access to a form transport?** | **Yes/No** |
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| **If you are related to any Member or Officer of the IABA Board or any IABA elected representatives please state:** |  |
| **Name** |  |
| **Relationship** |  |

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| **SECTION 2: QUALIFICATIONS**  **EVIDENCE OF QUALIFICATIONS WILL BE REQUIRED BEFORE APPOINTMENT.** |

Please state marks, grade or level of qualification as this may be used in shortlisting.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Subjects passed in GCE / CSE / GCSE / RSA / OCR / NVQ etc** | **Level Attained:** | **Grade** | **Year** | **Subjects passed (Continued)** | **Level Attained:** | **Grade** | **Year** |
|  |  |  |  |  |  |  |  |

**PARTICULARS OF FURTHER EDUCATION AND PROFESSIONAL QUALIFICATIONS FULLY COMPLETED**

|  |  |
| --- | --- |
| **TITLE OF DEGREE / DIPLOMA / CERTIFICATE / HNC / HND OR PROFESSIONAL QUALIFICATION:** | **DATE OF AWARD:** |
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**Please state how your qualifications meet the EDUCATIONAL criteria advertised. The shortlisting panel reserves the right to make the final decision in respect of equivalent qualifications.**

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| **Please list below any other qualifications you hold, relevant to the post(s) you are applying for stating QUALIFICATION, LEVEL, AWARDING BODY, DATE AWARDED, VALID TO/RENEWAL DATE ie Coaching/Tutoring:** |
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| **SECTION 3: EMPLOYMENT HISTORY** |

**PRESENT POST / ROLE**

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| --- | --- |
| **Employer Name** |  |
| **Employer Address** |  |
| **Job Title** |  |
| **Report To (post)** |  |
| **Current Salary** |  |
| **Start Date (dd/mm/yy)** |  |
| Notice Required |  |
| Date of leaving this Employer |  |
| **Reason for leaving** |  |
| **Principal Duties and Responsibilities of current post** |  |

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| **Please state your previous posts, beginning with the most recent** |

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| --- | --- |
| Employer Name and Address |  |
| **Position Held** |  |
| **Start Date** |  |
| **Leave Date** |  |
| **Was this paid employment** | Yes/No |
| **Reason for Leaving** |  |
| **Summary of Main Duties** |  |

|  |  |
| --- | --- |
| Employer Name and Address |  |
| **Position Held** |  |
| **Start Date** |  |
| **Leave Date** |  |
| **Was this paid employment** | Yes/No |
| **Reason for Leaving** |  |
| **Summary of Main Duties** |  |

|  |  |
| --- | --- |
| Employer Name and Address |  |
| **Position Held** |  |
| **Start Date** |  |
| **Leave Date** |  |
| **Was this paid employment** | Yes/No |
| **Reason for Leaving** |  |
| **Summary of Main Duties** |  |

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| Have you accounted for all your time since leaving full-full time education? **Yes/No** |
| **If no please give brief details with dates** |
| **SECTION 4: RELEVANT EXPERIENCE & KNOWLEDGE** |

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| Please state how your employment experience to date is relevant to your application under the headings given below:  **ESSENTIAL:**  **Where you have a 3rd level qualification, please provide 2 years’ demonstratable experience and if you do not, please provide 4 years’ demonstratable experience of:**   1. **working with sports clubs, coaches, officials and volunteer in advisory capacity.** 2. **working with schools and other community settings** 3. **managing projects/programmes** 4. **working with key sporting partners** |
| **Cont….** |
| **A knowledge and understanding of participation programmes to increase membership in sport** |
| **Knowledge of IT including working with databases, spreadsheets, word processing and presentation packages** |
| **Excellent organisational and planning skills** |
| **DESIRABLE**  **\*\*Experience of developing and submitting successful funding applications** |
| **\*\*Demonstrable experience of managing resources and budgets.** |
| **\*\*Demonstrable experience of coaching within a participation programme** |

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| **Please provide any other information which you consider to be relevant, including skills and expertise gained outside work** |
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| **SECTION 5: MEDICAL HISTORY** |

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| Please list the dates of each occasion of sickness absence in the past 3 years. Please give the reason for each absence and the total number of days you were absent on each occasion.  Please note this will be substantiated when references are taken up. |
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| Do you have any current medical condition which may affect your ability to perform all the duties of the post as described in the Job Description? Yes/No If YES please give details: |

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| **SECTION 5: REFERENCES** |

Please give the names and addresses of two persons not related to you, willing to act as a referee. The first referee should be a current/most recent employer and be in a direct supervisory/managerial capacity. The second reference, where possible should be a previous employer. References will not be sought without your permission.

|  |  |
| --- | --- |
| **1 Name:** |  |
| **Company Name:** |  |
| **Address:** |  |
| **Post Code:** |  |
| **Occupation:** |  |
| **Telephone Number:** |  |
| **Email Address:** |  |
| **Can your referee be contacted prior to interview?** | **Yes/No** |

|  |  |
| --- | --- |
| **2 Name:** |  |
| **Company Name:** |  |
| **Address:** |  |
| **Post Code:** |  |
| **Occupation:** |  |
| **Telephone Number:** |  |
| **Email Address:** |  |
| **Can your referee be contacted prior to interview?** | **Yes/No** |

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| **DECLARATION** |

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| 1. I declare that the particulars given are complete and accurate to the best of my knowledge. I understand and accept that any candidate found to have given false information or to have wilfully suppressed any material will be liable for disqualification and if appointed, dismissal. 2. I have not canvassed any member or employee of IABA. I have not asked anyone else to canvas on my behalf. I will not undertake seek or consent to any such canvassing.   Signature: Date: |

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| **SECTION 6: REHABILITATION OF OFFENDERS (NI) ORDER 1978, REHABILITION OF OFFENDERS (EXCEPTIONS) ORDER 1979** |

This post may be accepted under the 1979 Order and you must disclose all information about convictions (if any) in a Court of law no matter when they occurred. In the event of employment, failure to disclose such convictions could result in disciplinary action by the Council or dismissal.

Any information given will be treated in the strictest of confidence and will be taken into account when absolutely appropriate to the post.

|  |  |
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| 1. Have you ever been convicted or charged with any criminal offence which is not a spent conviction? | **Yes/No** |
|  | |
| b) If yes please give details e.g. convictions, cautions etc | |
|  | |
|  | |
| c) Are you currently under investigation by the police or have you had a summons issued against you or any charge brought against you in respect of any offence which has not yet been disposed of, including adult or child abuse investigations? | Yes/No |
|  | |
| Please note for posts that will involve substantial access to children (ie aged 18 or under) vulnerable to adults, or adults with a learning disability, the preferred applicant will be subject to a criminal history background check carried out by Access NI.  Additionally, the role will include supporting the Ulster Branch with conducting AccessNI checks on behalf of the IABA, therefore an AccessNI check will be conducted as part of the process. | |
|  |  |
| **I understand and accept that the particulars given are complete and correct to the best of my knowledge. Any candidate found to have given false information or to have wilfully suppressed any material will be liable for disqualification and if appointed, dismissal.**  **Please tick to confirm you have read this statement** | |

**IRISH ATHLETIC BOXING ASSOCIATION LTD**

**QUESTIONNAIRE**

**EQUAL OPPORTUNITY MONITORING**

The Irish Athletic Boxing Association is committed to ensuring that all eligible persons have equality of opportunity for employment and advancement in the organisation on the basis of ability, qualifications and aptitude for the work. To ensure the effective implementation of the Equal Opportunities Policy all applicants are requested to complete the following questionnaire. This questionnaire will be removed from your application form and will be strictly controlled in accordance with the relevant Codes of Practice.  
**(This questionnaire will not be seen by either the shortlisting or interview panels).**

**1. PERSONAL DETAILS**

DATE OF BIRTH: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ SEX: MALE  **🞏** FEMALE **🞏**

MARITAL STATUS: MARRIED **🞏**  SINGLE **🞏** DIVORCED **🞏** SEPARATED **🞏**

OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (PLEASE SPECIFY)

E C NATIONAL: YES  **🞏**  NO **🞏**

ETHNIC ORIGINS: WHITE **🞏**  INDIAN **🞏**  PAKISTANI **🞏**  BANGLADESHI **🞏**

CHINESE **🞏**  BLACK AFRICAN **🞏** BLACK-CARIBBEAN **🞏** IRISH TRAVELLER **🞏**  
BLACK-OTHER **🞏**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (PLEASE SPECIFY)

OTHER **🞏** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (PLEASE SPECIFY)

**DISABILITY DISCRIMINATION ACT 1995**

“A PERSON HAS A DISABILITY IF S/HE HAS *"A PHYSICAL OR MENTAL IMPAIRMENT WHICH HAS A SUBSTANTIAL AND LONG-TERM ADVERSE EFFECT ON HIS/HER ABILITY TO CARRY OUT NORMAL DAY TO DAY ACTIVITIES"*

DO YOU IN ACCORDANCE WITH THE ABOVE HAVE A DISABILITY? YES **🞏**  NO

IF 'YES' PLEASE STATE NATURE OF DISABILITY

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IF NO, HAVE YOU EVER HAD A DISABILITY? YES **🞏**  NO  **🞏**

HAVE YOU ANY CARING RESPONSIBILITY?

CHILDREN **🞏** RELATIVE (S) **🞏** OTHER **🞏** NONE **🞏**

ARE YOU CURRENTLY EMPLOYED BY THE IABA? YES **🞏**  NO  **🞏**

**FAIR EMPLOYMENT (NI) ACT 1989**

The organisation is required by The Fair Employment and Treatment (NI) Order 1998 to monitor the perceived religious affiliation/community background of its employees and applicants. In accordance with the Monitoring Regulations 1999, we are asking you to indicate the community to which you belong by ticking the appropriate box below.

I AM A MEMBER OF THE PROTESTANT COMMUNITY **🞏**

I AM A MEMBER OF THE ROMAN CATHOLIC COMMUNITY **🞏**

I AM A MEMBER OF NEITHER THE PROTESTANT NOR THE

ROMAN CATHOLIC COMMUNITY **🞏**

IF YOU LIVE IN NORTHERN IRELAND, PLEASE STATE YOUR POST CODE FIRST PART ONLY: BT \_\_\_\_\_\_

**Please return the Equal Opportunity Monitoring Form with your Application Form**

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| **DATA PROTECTION ACT 1998 – FAIR PROCESSING**STATEMENT |
| The Irish Athletic Boxing Association (IABA) values your right to personal privacy. We at all times try to be open about the reasons why we collect, hold and use your personal information.  The information you supply about yourself as part of the application procedure is handled according to the requirements of the Data Protection Act 1998, ensuring that the information is collected fairly and lawfully, is accurate, adequate, up to date and not held any longer than necessary. If your personal data needs to be used for purposes other than those mentioned, we will contact you to seek your consent. The “data controller” in respect of information about job applicants for this post is the IABA.  Information you supply as part of the application process will be used for recruitment purposes and, if you are successful, for subsequent employment purposes. The Irish Athletic Boxing Association (IABA) is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes. For further information, see <http://www.niauditoffice.gov.uk/about/national-fraud-initiative.asp> or contact hr@iaba.ie  If you are unsuccessful, your application is retained for a maximum of 60 months from the closing date and then destroyed. Equal Opportunities information is used for statistical monitoring purposes that is not related to named individuals.  You have a right to see information held about you (with a few exceptions allowed for in the Data Protection Act 1998). If you wish to see any personal information held on you, please put your request in writing, stating clearly who you are and what information you would like to see to the address below. A fee is chargeable up to £10.00 which covers the cost of gathering, copying, and redacting the data.  Irish Athletic Boxing Association (IABA) contact for data protection matters is:  Human Resources  IABA Ulster Branch, C/o House of Sport, 2a Upper Malone Road, Belfast BT9 5LA  email: hr@iaba.ie |