





## South East Fermanagh Foundation

Supporting Victims & Survivors, Strengthening Communities

# **Sessional Welfare Officer- South & West of N.I**

# Application form January 2025

This form is accompanied by: CV ☐ (with full details of qualifications and previous work experience)			
Recruitment Equal Opportunities Monitoring Form			
SECTION 1 of 11: Personal details			
Surname:	Forename(s):		
Address:	Telephone number:		
	Mobile number:		
	Email address:		
SECTION 2 of 11: Declaration			
To the best of my knowledge and belief the information given in this form is correct. I understand that if I am appointed and this information is inaccurate, I am liable for dismissal.			
Signature:		Date:	
Please tell us where you heard about this vacancy:			
☐ Internet ☐ Other (please specify)			
☐ Newspaper			

For SEFF use only Applicant:
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#### **SECTION 3 of 11: Abilities and experiences**

	Having familiarised yourself with the job description and person specification for this role, please give details of your qualifications/experience			
1.	A. Can you explain the key Welfare Benefits available to individuals and families in Northern Ireland			
	B. Demonstrate that you have 2+ years' recent experience and competence in supporting clients with the Social Security Benefits system and share one example of a recent good outcome.			
2.	How would you advise a client that their application for PIP has been declined, and what steps would you take?			

For SEFF u Applicant: _	se only

3.	Please provide us with some information on your knowledge and or experience in working alongside vulnerable adults, or those who have experienced trauma.			
	How would you handle a situation where a client is becoming frustrated or anxious because they are not receiving the support they believe they are entitled to?			
4.	Please give examples of your relevant experience in the collection of data, in line with GDPR, and your experience in the use of Case Management Software Systems.			

For SEFF Applicant:	use only

5.	Please provide us with information on any relevant training which you feel would benefit the clients of SEFF, in particular in line with their Welfare needs.
6.	Can you give us an example of a time when you have helped a client to appeal a benefits decision and what steps did you take?
	and what steps did you take:

For SEFF use only Applicant:	

SECTION 4 of 11: Entitlement to work in	the UK		
In order to comply with the Asylum and Immigrations Act 1996 we are required to ask you to verify your entitlement to work in the UK			
Are you legally entitled to work in the UK?		☐ yes	☐ no
Do you need a visa or work permit to work in the l	JK?	☐ yes	☐ no
If Yes please give details including expiry date and	d any restrictions:		
<b>SECTION 5 of 11: Criminal convictions</b>			
Have you ever been convicted of a criminal offence the Rehabilitation of Offenders Act 1974)	e? (Declaration subject to	☐ yes	☐ no
If yes please give details:			
SECTION 7 of 11: References			
Please provide below your two most recent emplo for successful applicants.	yment details. References w	vill only be co	ollected
Reference 1	Reference 2		
Employment dates:	Employment dates:		
Company name:	Company name:		
Company full address:	Company full address:		
Telephone number:	Telephone number:		
Email address:	Email address:		
Contact name:	Contact name:		
Contact job title:	Contact job title:		

For SEFF use only Applicant:

SECTION 8 of 11 Protecting Children and Vulnerable Adult	SECTION 8 of 11	Protecting Children and Vulnerable Adults
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The following information may be required if the post you are applying for has a requirement for a ACCESS N.I check **Enhanced Checks only** Are you aware of any police enquires undertaken following Yes No allegations made against you, which may have a bearing on your suitability for this post? SECTION 9 of 11 **Disability Discrimination Act** This Act protests people with disabilities from unlawful discrimination. We actively encourage applications from people with disabilities. The Disability Discrimination Act defines a disabled person as someone who has a physical or mental impairment which has substantial and adverse long term effect on his or her ability to carry out normal day to day activities. Do you have a disability which is relevant to your application? Yes If yes, please give details: We will try to provide access, equipment or other practical support to ensure that people with disabilities can compete on equal terms with non-disabled people. Do we need to make any specific arrangements in order for you to attend the interview? If yes, please give details: Section 10 of 11 Health Successful applicants will be required to complete a detailed medical questionnaire and may be required to attend a medical examination prior to being appointed. Number of day's sickness absence in the last 2 years:

Please state number of occasions in the last 2 years:

For SEFF use only Applicant:	

### **Section 11 of 11 Driving License/Transport**

Do you hold a full, clean and current Driving License or can you demonstrate an ability to access transport which would enable you to perform the role for which you have applied.
Yes No
Give details if required:  (NB. Candidates who do not return a completed Equal Opportunities Monitoring Form and CV along with the application will not be considered)
Meanwhile, those selected for interview will normally be notified within one week of the closing date Unfortunately, applicants who do not hear from SEFF must conclude that their application was unsuccessful on this occasion. Thank you for your interest in this post.
SEFF undertakes that it will treat any personal information (that is data from which you can be identified, such as your name, address, e-mail address etc) that you provide to us, or that we obtain from you, in accordance with the requirements of the Data Protection Act 1998.
RETURNING THIS FORM (Closing date: 1pm on Monday 27 <sup>th</sup> January 2025).
By email (preferred method) to <a href="mailto:emma.burton@seff.org.uk">emma.burton@seff.org.uk</a> (please note the application will need to be signed and scanned)
Or by Hand or Post: South East Fermanagh Foundation The Buttermarket 132 Main Street Fivemiletown Co. Tyrone BT75 0PW

Telephone: 028 677 23884