# Competency Application Form

## Residential Social Care Worker

**Please carefully note the following instructions:**

It is imperative that all sections of this competency based question form are completed in full. Please save the entire document, noting the file name and its location. Once completed and saved you should email your completed competency based question form, CV and cover letter to recruitmentmail@oberstown.com before the closing date outlined in the Candidate Information Booklet.

Please note before you return the form to Oberstown Children Detention Campus please ensure that you have completed all sections of the form, and that you have attached your CV and cover letter. Incomplete applications will not be accepted.

Candidates should note that the information in the competency based question form will play a central part of the short-list process. The decision to include you on the short-list of candidates going forward to stage 2 of the process may be determined based on the information you supply at this stage. This information may be discussed in more depth, should you be called to interview.

In the following section, we ask you to describe some of your personal achievements to date that demonstrate certain skills and abilities which have been identified as necessary. The skills and abilities are indicated in the headings of questions on the following pages. Please do not use the same example to illustrate your answer to more than 2 questions.

**Application ID**

**For Office Use Only**

**Do you hold a full driving licence valid in Ireland?**

Yes No

**Have you ever been convicted of a criminal offence?**

Yes No

**If yes, please provide details**:

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**Competencies**

**For each of the areas below, please highlight specific achievements, contributions or expertise you have developed from your career to date which clearly demonstrate your suitability to meet the challenges of this role, in 200 words:**

|  |  |
| --- | --- |
| **Q. 1 Professional Knowledge, Experience & Self Development** | |
| **Answer:** |  |
| **Q. 2 Communications & Interpersonal Skills** | |
| **Answer:** |  |
| **Q. 3 Problem Solving and Decision Making** | |
| **Answer:** |  |
| **Q. 4 Team Working** | |
| **Answer:** |  |
| **Q. 5 Drive and Commitment** | |
| **Answer:** |  |
| **Essential Experience** | |
| Please provide brief details of your previous experience. Please specify the duration of experience and your exact role in the organisation. | |
| **Answer:** |  |

**Supplementary Information**

|  |
| --- |
| **Where did you first hear about this position? (Please place an ‘X’ in the relevant box)** |
| Oberstown Website  Word of mouth  Public jobs website  Other - please specify below  Indeed  Job Alert |
| **Please list any other relevant information in support of your application?** |
|  |

**Notes**

Before you return the form to Oberstown Children Detention Campus please ensure that you have completed **all sections** of it and that you have completed the declaration below. Also you have attached your CV and cover letter.

The onus is on candidates to establish eligibility in this application form.

* Please do not forward any certificates or references with this form.
* Misstatements or canvassing will render an applicant liable to disqualification.
* The personal data supplied by you on this application form will be stored on computer

and will be used only for the purposes registered under the Data Protection Act 2018.

**Declaration**

I hereby declare that the information given in this form is correct and give my permission for enquiries to be made to establish such matters as age, qualifications, experience and character and for the release by other people or organisations of such information as may be necessary to Oberstown Children Detention Campus for that purpose. This may include enquires from past/present employers. The submission of this application is taken as consent to this. I hereby acknowledge that any information supplied by me during the application process may be made available to the employing authority.

**Name:**  \_\_\_\_\_\_\_ \_\_\_\_\_

**Date:**  \_\_\_\_\_\_\_\_\_\_\_\_\_