



# SCHOOL COMPLETION PROGRAMME DUBLIN 1

**&7**

[dublin7doodleden@gmail.com](mailto:dublin7doodleden@gmail.com) Mobile: 086 703 7979

## Doodle Den Facilitator Application Form

| Contact Details |  |
|-----------------|--|
| <b>Name</b>     |  |
| <b>Address</b>  |  |
| <b>Email</b>    |  |
| <b>Phone</b>    |  |

| Education History                    |      |    |        |               |
|--------------------------------------|------|----|--------|---------------|
| Further Education College/University | From | To | Course | Level & Grade |
|                                      |      |    |        |               |
|                                      |      |    |        |               |
|                                      |      |    |        |               |
|                                      |      |    |        |               |

| Employment/Volunteer History (most recent first) |               |           |                       |
|--|---------------|-----------|-----------------------|
| Name, Address and contact details of employer    | Title of role | From - to | Main responsibilities |
|  |               |           |                       |

| Name, Address and contact details of employer | Title of role | From - to | Main responsibilities |
|---|---------------|-----------|-----------------------|
|   |               |           |                       |

| Employment/Volunteer History                             |               |           |                       |
|--|---------------|-----------|-----------------------|
| Name, Address and contact details of employer/supervisor | Title of role | From - to | Main responsibilities |
|  |               |           |                       |

| Employment/Volunteer History                             |               |           |                       |
|--|---------------|-----------|-----------------------|
| Name, Address and contact details of employer/supervisor | Title of role | From - to | Main responsibilities |
|  |               |           |                       |

## References

| Name, Organisation name, Address and Contact details of referees | Name, Organisation name, Address and Contact details of referees |
|--|--|
|  |  |

## Other Information

|   |
|---|
| What would you consider the main barriers to education for young people in areas of educational disadvantage? |
|   |

|  |
|--|
| Briefly describe an experience of delivering a needs/educational/evidenced based programmes for young people at risk of educational or social exclusion. |
|  |

|   |
|---|
| Do you have experience of working as part of an interdisciplinary team? Briefly describe your experience. |
|   |

Briefly describe your experience of working with parents. Please include any programmes or group work you have delivered to parents/families.

Please include any other information that you feel would qualify you as a suitable candidate for this position.

**Thank you**