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REGISTRY

Application for Registration on Professional Development Module

NS462 – Effective management in homeless services – 2019

**Please Type Responses**

|  |  |
| --- | --- |
| Name: |  |
| Date of Birth: |  |
| Home/Contact Address (For Personal Correspondence): |  |
| Telephone Numbers (Mobile and/or Home/Work): |  |
| Email Address: |  |
| Organisation and Work Address: |  |
| Role within your Organisation: |  |
| Senior Manager’s Name, Contact Telephone Number and Email: |  |
| Period of Registration at DCU: | 2019 |
| Module for which you wish to Register: | **NS462: Effective Management in Homeless Services** |
| If a current or past student of DCU, please supply your student ID Number and the degree for which you are/were registered: |  |

Signed: …………………………………………………………………………………………………… (Applicant)





SECTION 2: EDUCATION AND EMPLOYMENT HISTORY

EDUCATION DETAILS

Name and Address of Secondary School Attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Dates of Attendance - From (dd/mm/yy):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To (dd/mm/yy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Intermediate/Junior/Group (or Equivalent) Certificate Yes/No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year Attained: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Leaving or Applied Leaving (or Equivalent) Certificate Yes/No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year Attained: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DETAILS OF THIRD LEVEL / FURTHER EDUCATION / PROFESSIONAL EDUCATION (IF ANY)

(e.g. Certificate/Diploma/Degree/Masters/PhD)

In chronological order:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Course Title (e.g. FETAC Level 6 Certificate in Counselling, BA in Social Care etc.) | Name and Address of College Attended | From  (dd/mm/yyyy) | To  (dd/mm/yyyy) | Grade or Mark (e.g. Distinction, 2.1 etc) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

EMPLOYMENT DETAILS

Current Employer Name and Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Started: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position in which you are employed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(dd/mm/yyy)

Previous Employment (please provide details of last position held):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Previous Employer | Name and Address of Previous Employer | From  (dd/mm/yyyy) | To  (dd/mm/yyyy) | Position in which you were employed |
|  |  |  |  |  |

SECTION 3: PERSONAL SUITABILITY

Your responses in this section will be used to assess your motivation and level of preparation to undertake this module. Therefore, before applying for a place on the module *NS462 – Effective Management in Homeless Services* please read the details relating to the module structure and entry requirements. Please note in particular the requirement that you must be working as a manager in homeless sector services and must commit to full attendance and completion of all module requirements/assignments (Please see the “Training Participation and Attendance Policy” section of the Nomination Form for further information).

Q1. Describe why you would like to undertake the module *Effective Management in Homeless Services* and how your

engagement would support your current and future work as a manager within the homeless sector

Q2. Please indicate how your educational/occupational experience is relevant to your application for this module

SECTION 4: DECLARATIONS

In order to undertake the Effective Management in Homeless Services module you are required to:

Have access to a computer and have proficiency in the use of computer based programmes including Word, PowerPoint, Email and the Internet. Please provide details of your ability to meet this requirement.

Whilst it is not a mandatory requirement to disclose a disability which may affect your participation/learning, it is advisable that you notify the Dublin Region Homeless Executive on acceptance of the programme. No applicant will be disadvantaged as a result of disclosing information pertaining to a Medical Condition/Disability. Intending applicants may contact the DRHE on Tel: +353 (01) 2226889 or email: [colette.brennan@dublincity.ie](mailto:colette.brennan@dublincity.ie) if they have a query regarding this.

DECLARATION:

I understand that, if selected to participate in the Effective Management in Homeless Services module that my successful completion of the programme will be based on my commitment in relation to the following areas: *full attendance (at half day orientation and six lecture days)* and *completion of all module requirements/assignments*.

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Mandatory)

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

One passport photograph

|  |
| --- |
| Return the completed, typed application form, ensuring that you have signed the declaration above together with one passport photo to:  Colette Brennan, Training Administrator, Dublin Region Homeless Executive, Block 1, Floor 2, Dublin City Council Civic Offices, Christchurch, Christchurch, Dublin 8. |

Closing date for receipt of completed application forms:

5pm, Friday 7th December, 2018.