**Scoileanna Ildánacha/Creative Schools**

**Application Form to deliver CREATIVE ASSOCIATE SERVICES: ORGANISATIONS
Notes for completing this application form.**

1. Completed application forms should be submitted as an e-mail attachment (preferably a pdf attachment) to creativeassociates@artscouncil.ie by **5pm, 1st April 2019** andinclude **Application: Organisation** in the subject lineof the email.
2. Late or incomplete forms will be deemed ineligible.
3. All questions/sections identified with as asterisk (\*) are *mandatory* and must be completed. Failure to complete mandatory questions/sections will result in the application being deemed ineligible.
4. Receipt of completed forms will be acknowledged within two working days.
5. Only information submitted on this form will be considered. **CVs will not be accepted.**
6. If you have a disability that requires reasonable accommodation at the pre-selection meeting, please include details in your application email.
7. Canvassing, either directly or indirectly, will disqualify.
8. Please refer to the ***Creative Associate Services Information Booklet for Organisations 2019*** for details of the **services required.**
9. Organisations can nominate up to five representatives to deliver services. Each application must be made on a separate application form. Representatives from an organisation cannot share a CA role.

**\* Section 1: Identify Regions**

**Please identify up to three regions in which you the nominee is willing to deliver services in order of preference, with 1 being the preferred region, 2 being the second preference, 3 being the third preference.** Other marks/symbols will not be considered as an indication of choice. Please do not amend or delete the names of counties.

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| --- | --- |
| **\* REGIONS** | **Enter 1, 2, 3**  |
| Border | Cavan, Donegal, Leitrim, Monaghan, Sligo |   |
| West | Mayo, Roscommon, Galway |   |
| Midlands | Laois, Longford, Offaly, Westmeath |   |
| Mid-East | Kildare, Louth, Meath, Wicklow |   |
| Dublin | Dublin |   |
| South-East | Carlow, Kilkenny, Wexford, Waterford |   |
| South-West | Cork, Kerry |  |
| Mid-West | Clare, Tipperary, Limerick |  |

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| --- | --- | --- |
| **Office use only** | **Date received** |  |
|  | **Selection-form number** |  |

**\*Section 2: Organisation**

To be completed by the person in the organisation authorised to nominate a representative for delivery of services.

***\*2A. Details of Organisation***

|  |  |
| --- | --- |
| **Name of organisation**  |  |
| **Organisation address** |  |
|  |  |
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|  |  |
| **Name of authorised person** |  |
| **Job title** |  |
| **Office number** |  | **Mobile number** |  |
| **E-mail****address** |  |

***\*2B. Eligibility***

Please tick (√) the relevant boxes. To be completed by the authorised person in the organisation named in Section 2A once all other sections have been completed.

|  |  |
| --- | --- |
| I confirm the nominee has identified up to three regions in Ireland in which they are available to deliver services in order of my preferences in Section 1. |  |
| I confirm the nominee has at least five years’ relevant experience in the field of arts, culture and creative practice with children and young people in an educational context. It is expected that the number of hours worked will equate to at least seventy hours per annum, which I have demonstrated in the application form in **Section 4B: Employment or Professional Experience**.  |  |
| I confirm the nominee’s eligibility to work in Ireland. |  |
| I understand that if selected to deliver Creative Associate services, the nominee must be available to participate in a three-day induction programme in Dublin in **September 2019**. |  |
| I understand that if selected, the nominee must be available to deliver Creative Associate services during the school year **2019–20.** |  |
| I confirm that the nominee has the capacity to travel to schools and other locations within the regions I have indicated on this application form. This includes occasional travel outside of the identified region(s) (usually to Dublin) for induction, ongoing training, development and networking activities. Note: associates are paid for induction, training, development and networking activities at the same fixed daily rate. |  |
| I confirm that the nominee understand that they will be subject to Garda-vetting clearance and cannot begin work with schools until this process is completed. |  |
| If selected, I agree that the organisation will provide proof of the following levels of insurance: public liability €6.5 million; professional indemnity €100,000; employers’ liability €13 million. |  |
| I confirm only one application has been completed in the nominee’s name. |  |
| I confirm that the organisation understands the role of Creative Associate, as outlined in the *Creative Associate Information Booklet for Organisations 2019*, is to provide services that meet the needs of schools, and that this may not link directly to the work and/or artistic, cultural, creative practice of the organisation/nominee.  |  |

***\*2C. Organisation Declaration***

Please tick (√) the relevant boxes. To be completed by the authorised person in the organisation, named in Section 2A.

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| I hereby certify that all information provided in Section 2 is true and correct and I have completed all mandatory questions/sections of this section. |  |
| **Print name**  |  |
| **Date** |  |

**Note: all remaining sections (Sections 3 to 7) must be completed by the nominee.**

**\*Section 3: Nominee Information**

***\*3A. Details of nominee***

|  |  |
| --- | --- |
| **Name**  |  |
| **Address** |  |
|  |  |
|  |  |
|  |  |
| **Telephone number** |  | **Mobile number** |  |
| **E-mail****address** |  |

***\*3B Artistic or Creative Practice***

Please name and describe your artistic or creative practice(s).

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|  |

**Note: 3B will not be scored.**

**Section 4:** **Specialist Knowledge, Skills and Experience**

Including contribution to the wider skill set of the team.

***4A. Education/Training***

Please provide details of any qualification(s) and/or training relevant to the delivery of Creative Associate services.

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| --- | --- | --- | --- | --- |
| **From MM/YY** **to MM/YY**  | **Title** | **Major subject(s)** | **Awarding body** | **NFQ /QQI level** |
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**Note: 4A is worth 5% of the overall score.**

***\*4B. Employment or Professional Experience***

Please briefly note relevant services delivered or other relevant employment, beginning with your current/most recent role.In this section you must demonstrate at least five years’ relevant experience in the field of arts, culture and creative practice with children and young people in an educational context. It is expected that the number of hours worked will equate to at least seventy hours per annum.

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| --- | --- | --- | --- | --- |
| **From MM/YY to****MM/YY**  | **Total number of hours worked during this period** | **Name of organisation(if relevant)** | **Service delivered/position held** | **Nature of services/employment** **(indicate full-time/part-time; once-off workshop, etc.)** |
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**Note: 4B is worth 5% of the overall score.**

***4C.* Additional Requirements for Delivery of Specific Services**

***Competency Working in the Irish Language***

If you have experience of working through the medium of Irish, please indicate your fluency by ticking (√) as appropriate:

|  |
| --- |
|  **Excellent: Good: Adequate:** |
| **Please comment on your relevant experience of /capability to work through the medium of Irish in schools.**  |

**Note: 4C is worth 4% of the overall score.**

***4D. Experience in Special Education***

Outline any work experience you have in special education.

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| --- | --- |
| **Setting type** | **Details** |
|  |  |
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**Note: 4D is worth 4% of the overall score.**

***\*4E. Artistic and Creative Approaches to Working with Children and Young People in an Educational Context***

Outline your approach to teaching and learning with children and young people, including your knowledge and experience of using arts and creative practices across the curriculum.

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**Note: 4E is worth 18% of the overall score.**

**\*Section 5: Capacity to Manage and Deliver Required Services**

***\*5A. Vision for the Role of Creative Associate services***

Outline your vision for delivering Creative Associate services, demonstrating your understanding of the role (max. 200 words).

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**Note: 5A is worth 10% of the overall.**

***\*5B. Leadership, Project Management and an Ability to Support Change***

Provide a relevant example of these areas in action. Outline how your experience and skills in these areas could be applied in delivering Creative Associate services max. 200 words).

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**Note: 5B is worth 25% of the overall score.**

***\*5C. Partnership Skills***

Outline what knowledge and/or experience you have of developing partnerships (max. 150 words).

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**Note: 5C is worth 10% of the overall score.**

***\*5D. Building Partnerships for Schools***

Demonstrate how you could use your knowledge and/or experience of the local and national arts, cultural and educational provision to build partnerships for schools (max. 150 words).

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**Note: 5D is worth 15% of the overall score.**

**\*Section 6: References**

Please provide details of two people from whom references may be obtained. These should be current or recent employers, or clients for whom you have recently delivered relevant services (e.g. a principal of a school or programmer at an arts organisation where you have worked). Under ‘relationship to applicant’, please note in what capacity the individual has been identified to act as a referee.

|  |  |
| --- | --- |
| **1. Referee’s name** |  |
| **Position** |  |
| **Address** |  |
| **Telephone numbers** |  |
| **E-mail address** |  |
| **Relationship to applicant** |  |

|  |  |
| --- | --- |
| **2. Referee’s name** |  |
| **Position** |  |
| **Address** |  |
| **Telephone numbers** |  |
| **E-mail address** |  |
| **Relationship to applicant** |  |

**Please include evening and daytime contact numbers.The Arts Council reserves the right to request additional or alternative referees if deemed appropriate.**

**\*Section 7: Declaration**

Once all the other relevant sections of this Selection Form are complete, please fill out the table below.

|  |  |
| --- | --- |
| I hereby certify that all information I have provided as nominee is true and correct, and that I have completed all mandatory questions/sections of this application form. |  |
| **Name**  |
| **Date** |

**Please return the completed application form to** creativeassociates@artscouncil.ie by **5pm on 1st April 2019** with the phrase **Application: Organisation** in the subject lineof the email**.**