**In Confidence**

**Agri-Food Co-Operation Scheme**

**Register of Associates**

**Specialist Mentors –Business Financial Management(CSL/AFCS/BFM)**

**Completed applications (including postal applications) must arrive not later than 4pm on Friday 19th April 2019**

**LATE APPLICATIONS WILL NOT BE ACCEPTED**

**CV’s or other supplementary material will not be considered.**

**To progress to the next stage of the selection process, candidates will be judged solely on the basis of the information they provide on this Registration Form.**

Reference CSL/AFCS/BFM Date Received: \_ Countryside Services



97 Moy Road,

Dungannon BT71 7DX

**R e g i s t r a t i o n F o r m**

**Register of Agri-Food Co-operation Scheme Specialist Mentors**

**Part A**

PERSONAL DETAILS

Surname: First Names:

Address:

Postcode:

Telephone Number: Home: Mobile:

Email Address: National Insurance Number:

Do you hold a current driving licence?

**Yes / No**

Do you have access to a car?

**Yes / No**

Do you have any restrictions in terms of work place ie do you wish to be considered for assignments province wide

**Yes / No**

If **Yes**, indicate type:

If **Yes** please indicate preferred areas

|  |  |  |
| --- | --- | --- |
| If you are placed on the register, from what date would you be available to take up assignments? | | |
| If you are placed on the register, what duration of assignments would you consider taking up?  ***Please note that some assignments may require less input and be assigned on a daily basis.*** | Up to 12 months |  |
| Up to 24 months |  |
| Up to 36 months |  |
|  | |

*\* Delete as appropriate*

**Part B Specialist Mentors**

B.1. EDUCATION & QUALIFICATIONS

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Institution e.g. Further Education College, University.** | **Qualification** | **Subject, including modules where relevant** | **Results** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

B.2. PROFESSIONAL QUALIFICATIONS / MEMBERSHIPS

|  |  |  |
| --- | --- | --- |
| **Professional Body** | **Qualification / Grade of Membership / Method of attainment** | **Date of attainment** |
|  |  |  |
|  |  |  |
|  |  |  |

B 3. CAREER HISTORY

Please detail below your career history. **Include only those posts or assignments relevant to your registration as a Specialist Mentor – Business Financial Management**

**Relevant Jobs / Assignments**

|  |  |
| --- | --- |
| **Employer (Name & Full Address & nature of business / activity).**  **For free-lance assignments undertaken please state client and provide an outline of assignment.** | **Purpose of Role, Main Responsibilities** |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| **Employer (Name & Full Address & nature of business / activity).**  **For free-lance assignments undertaken please state client and provide an outline of assignment.** | **Purpose of Role, Main Responsibilities** |
|  |  |
|  |  |
|  |  |

Continue on a separate sheet if necessary

**Part C Supporting Evidence**

**C 1.** Please provide evidence **in support of your application of how you meet each of the criteria specified below and in section 2.2 of the Agri-Food Co-operation Scheme – Information Note.**

|  |
| --- |
| * A track record of successfully implementing effective business financial management systems in a variety of business situations.   Continue on a separate sheet if necessary.   * Knowledge of the agri-food and/or tourism sectors and associated financial management issues. * Working knowledge of the financial and management information systems of small / medium businesses. * Working knowledge of legislation applicable to business financial reporting – including VAT * Knowledge of the merits and obligations associated with alternative business organisation – e.g Limited Company, Co-operative, Partnership, Sole Trader, etc. * Experience of group leadership and mentoring teams or individuals * Confidentially in handling personal and sensitive information |

* **C 2:** Highlight experience of any particular supply chain or enterprise which you feel would help in supporting delivery of this programme as a Specialist Mentor – Business Financial Management.

|  |
| --- |
|  |

**Part D**

**D.1. DATA PROTECTION STATEMENT**

See Appendix 1 for GDPR statement.

**D.2. APPLICANT DECLARATION**

By submitting a registration form you are confirming that the information supplied is true and accurate. A candidate found to have given false information will be liable to either disqualification or, removal from the registers.

**I declare that to the best of my knowledge and belief all the foregoing statements are accurate, true and complete.**

Signature:

Date:

Canvassing of any Employee or Board Member of Countryside Services Ltd. will lead to automatic disqualification from this registration process.

**Please ensure that you fully complete the registration form and return by 4pm on Friday 19th April 2019 to:**

Countryside Services Limited

97 Moy Road, Dungannon BT71 7DX

Telephone 028 8778 8207

Email: [mandina.fulton@countrysideservices.com](mailto:mandina.fulton@countrysideservices.com)

Envelopes should be clearly marked -- Register of Associates.