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| **ISPCC**  **APPLICATION FORM**  **CONFIDENTIAL** | |  | | | |
| **Please complete this form using BLOCK CAPITALS and return to the above address.** | | | | | |
| Application for the position of: | | | **For Official Use**  Date Received: \_\_\_\_\_\_\_\_ | | |
| **PERSONAL INFORMATION**  **Surname:** **\_\_\_\_\_\_\_\_\_\_\_ First Name**: \_\_\_\_\_\_\_\_\_\_\_\_  **Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  E- Mail address; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Telephone No. (Landline):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Mobile):\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **EDUCATION AND TRAINING**  **(Verification of Qualifications will be requested from the successful candidate).** | | | | | |
|  | **Schools/Colleges Attended** | | | **Dates** | **Qualification Obtained**  **Full time or Part-time** | |
| **Second Level** |  | | |  |  | |
| **Third Level** |  | | |  |  | |
| **Post Graduate Study** |  | | |  |  | |
| **Other Appropriate Training / Qualifications** |  | | |  |  | |

**PREVIOUS WORK EXPERIENCE**: Please give details of all relevant work experience beginning with your present or most recent employment.

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| **Dates** | **Employers Name**  **And Address** | **Job Title &**  **Description of duties** | **Particular Personal skills /**  **Attributes used for this position** | **Reason for leaving this**  **Employment** |
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| **Dates** | **Employers Name**  **and Address** | **Job Title &**  **Description of duties** | **Particular Personal skills /**  **Attributes used for this position** | **Reason for leaving this**  **Employment** |
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| PRE-EMPLOYMENT CHECKS  **Do you hold a current Full Clean Driving Licence**  **(only where required for the position you are applying for)** Yes No  **Have you ever been Convicted of a Criminal Offence:** Yes No  *If yes, please give details* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Are there any Restrictions on your right to work in this Country:**  If yes, please give details e.g. do you have a valid work permit?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **EMPLOYMENT**  **Present salary (including bonus etc): \_\_\_\_\_\_\_\_\_\_\_ Notice Required:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Have you ever undertaken any voluntary work? Please give details:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Have you ever been demoted, suspended or removed from employment or a**  **Voluntary position?** Yes No  If Yes Please give details  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Please provide any other relevant information about yourself, your experience, and why you feel you would be suitable for this job (continue on separate sheet) .In particular outline the following:**  **Strengths’:**  **Training Needs:**  **HOBBIES AND INTERESTS**  Please outline your hobbies and interests: |
| **References:**  Please provide the name, address and telephone number of **three** referees one of which should be your present employer (If not employed at present, your most recent employer).  (Referees will be contacted by telephone and in writing within 2 weeks of the interview process)  Name: Address: Tel. No.  1.  2.  3. |

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| **DECLARATION**  The ISPCC has significant responsibilities towards promoting the welfare of vulnerable children, and as such requires the highest possible level of confidence in its staff members to protect and promote the children who use our service. As the post you are applying for may involve working directly with children, you are required to complete the following declaration.  I declare that, to the best of my knowledge and belief, there is nothing in relation to my conduct, character or personal background of any nature that would adversely affect the position of trust in which I would be placed by virtue of this appointment. I hereby confirm my irrevocable consent to the management of the ISPCC to the making of such enquiries, as it deems necessary in respect of my suitability for the post in respect of which this application is made. I hereby accept and confirm the entitlement of the management of the ISPCC to reject my application or to terminate my employment, (in the event of a contract of employment having been entered into), if I have omitted to furnish them with any information relevant to my application or to my continued employment, or where I have made any false statement or misrepresentation relevant to this application or my continuing employment with ISPCC. Furthermore, I hereby declare that all the particulars furnished on this application are true, and that I am aware of the qualifications and particulars for this position. I understand that I may be required to submit documentary evidence in support of any particulars given by me on my Application Form. I understand that all offers are conditional of satisfactory references, medical and Garda Vetting. I understand that any false or misleading information submitted by me will render me liable to automatic disqualification or for dismissal if employed.  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |