|  |  |
| --- | --- |
| **Personal Information** |  |
| **Title:** | **Number/Street:** |
| **Forename:** | **Address Type (home/other):** |
| **Forename 2:** | **County:** |
| **Preferred Name:** | **Post Code:** |
| **Surname:** | **Mobile/Home Telephone No :** |
| **PPS No:** | **Email Address:** |
|  | |
| **Driving Details (please tick)** | |
| **Do you have a full,**  **current driving licence? :**    **Yes**  **No** | **Do you have access to a car/are able to fulfil mobility requirements of post? :**  **Yes**  **No** |
|  | |
| **Interview Adjustments** | |
| **Do you need any reasonable adjustments/arrangements at interview? :**  **Yes**  **No**  **If yes, please provide details? :** | |
| **Eligibility to Work in ROI** | |
| **Do you require a permit/visa to work in ROI ?** | **Yes** **No** |
| **If yes, do you hold a permit/visa to work in ROI?** | **Yes** **No** |
| **If yes: Please state start/end dates and any restrictions that apply:** | |

**Section 2 – Education/Qualifications**

**Please provide evidence of qualifications outlined in the Essential/Desirable Criteria on the Person Specification**

|  |  |  |
| --- | --- | --- |
| **Qualification Obtained** | **Date Obtained** | **School/College/Training Facility** |
|  |  |  |
|  |  |  |
|  |  |  |

**Continue on a separate sheet if necessary**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Professional Qualifications**  **Please provide evidence of qualifications if required as part of the essential criteria for the job.** | | | | | | | |
| **Membership Body** | **Membership Number** | | **Membership Level** | | **Start Date** | **End Date** | |
|  |  | |  | |  |  | |
|  |  | |  | |  |  | |
|  |  | |  | |  |  | |
| **Training**  **Please detail any relevant training courses you have attended and include the date the course was completed** | | | | | | | |
| **Training Course:** | | | | | **Date:** | | |
|  | | | | |  | | |
|  | | | | |  | | |
|  | | | | |  | | |
|  | | | | |  | | |
|  | | | | |  | | |
|  | | | | |  | | |
|  | | | | |  | | |
|  | | | | |  | | |
|  | | | | |  | | |
|  | | | | |  | | |
| **Section 3 – Employment History**  **Are you currently employed? : Yes No**  **Please provide details of employment\* starting with your present or most recent job.**  **Please include periods of unemployment, unpaid placements and voluntary work.** | | | | | | |
| **Employment Details (past 10 years or 6 posts whichever is greater\*)** | | | | | | | |
| **Company Name:** | |  | | | | | |
| **Company Address:** | |  | | | | | |
| **Job Title:** | |  | | | | | |
| **Employment Start Date:** | |  | | | | | |
| **Employment End Date:** | |  | | | | | |
| **Outline of Duties:** | |  | | | | | |
| **Salary:** | |  | | **Date Salary Commenced:** | | | |
| **Reason for Leaving:** | |  | | | | | |
| **Notice Period if Applicable:** | |  | | | | | |

|  |  |
| --- | --- |
| **Company Name:** |  |
| **Company Address:** |  |
| **Job Title:** |  |
| **Employment Start Date:** |  |
| **Employment End Date:** |  |
| **Outline of Duties:** |  |
| **Salary:** |  |
| **Reason for Leaving:** |  |
| **Notice Period if Applicable:** |  |

|  |  |
| --- | --- |
| **Company Name:** |  |
| **Company Address:** |  |
| **Job Title:** |  |
| **Employment Start Date:** |  |
| **Employment End Date:** |  |
| **Outline of Duties:** |  |
| **Salary:** |  |
| **Reason for Leaving:** |  |
| **Notice Period if Applicable:** |  |

|  |  |
| --- | --- |
| **Company Name:** |  |
| **Company Address:** |  |
| **Job Title:** |  |
| **Employment Start Date:** |  |
| **Employment End Date:** |  |
| **Outline of Duties:** |  |
| **Salary:** |  |
| **Reason for Leaving:** |  |
| **Notice Period if Applicable:** |  |

|  |  |
| --- | --- |
| **Company Name:** |  |
| **Company Address:** |  |
| **Job Title:** |  |
| **Employment Start Date:** |  |
| **Employment End Date:** |  |
| **Outline of Duties:** |  |
| **Salary:** |  |
| **Reason for Leaving:** |  |
| **Notice Period if Applicable:** |  |

|  |  |
| --- | --- |
| **Company Name:** |  |
| **Company Address:** |  |
| **Job Title:** |  |
| **Employment Start Date:** |  |
| **Employment End Date:** |  |
| **Outline of Duties:** |  |
| **Salary:** |  |
| **Reason for Leaving:** |  |
| **Notice Period if Applicable:** |  |

**(Please continue on another page if necessary)**

**Section 4 - Additional Information**

Please indicate the reasons for seeking this position applied for:

|  |
| --- |
| **Additional Information** |
| **Please refer to the personnel specification and provide details of how you meet the criteria:**  **Continuation sheets may not be used.** |

**Section 5 – Referees**

Please give the full names and addresses of 2 referees one of whom should be your **present or most recent employer**. References from relatives will **not** be accepted.

|  |  |
| --- | --- |
| **Referee 1:** | |
| **Referee Name:** |  |
| **Referee Job Title:** |  |
| **Reference Type:** | **Character Business** |
| **Number/Street:** |  |
| **Local Area:** |  |
| **Post Town:** |  |
| **Post Code:** |  |
| **Country:** |  |
| **Referee Contact Number:** |  |
| **Referee Email Address:** |  |
| **May we contact prior to interview?** | **Yes No** |
| **Referee 2:** | |
| **Referee Name:** |  |
| **Referee Job Title:** |  |
| **Reference Type:** | **Character Business** |
| **Number/Street:** |  |
| **Local Area:** |  |
| **Post Town:** |  |
| **Post Code:** |  |
| **Country:** |  |
| **Referee Contact Number:** |  |
| **Referee Email Address:** |  |
| **May we contact prior to interview?** | **Yes No** |

**Section 6 – Additional Information**

Due to the nature of the work you are applying for, you must disclose ALL criminal convictions and cautions that are not ‘protected’. In addition, if you have any charges outstanding this information must also be declared.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Garda Clearance (please tick P):** | | | | |
| Have you ever been convicted of a criminal offence? Are there any charges outstanding?  If you have selected yes, and are successful at interview, you will be required to fill in a Confidential Enquiry Form. | **YES** | |  | | --- | |  | | **NO** | |  | | --- | |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | | |
| Are you a previous employee? | **YES** | |  | | --- | |  | | **NO** | |  | | --- | |  | |
| Are you related to any employee or Board Member of Fold Housing? | **YES** | |  | | --- | |  | | **NO** | |  | | --- | |  | |
| Do you or any member of your family have any connections/contracts with Fold Housing? | **YES** | |  | | --- | |  | | **NO** | |  | | --- | |  | |
| If Yes to any of the above, please state details: | | | | |
| Name: Declaration Reason:  Location: Dates: | | | | |

|  |  |
| --- | --- |
| **How did you find out about this vacancy? (Please tick)** | |
| **FOLD Ireland Website** | **Jobs.ie** |
| **Activelink** | **(Local Paper –Please state \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)** |

Note: The Association reserves the right only to shortlist for interview on the basis of information supplied on this application form. Your application will be held in a manual filing system for three years following the closing date for applications. After this period your file will be destroyed in accordance with FOLD Housing retention policy.

**Warning: By completing and signing (or electronically submitting) this application form you are consenting to the information being held on you as outlined above. This information will not be disclosed to a third party unless we are required to do so under law.**

**Declaration**

I give the employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organisations for furnishing such information.

I have read and understood the requirements and particulars of the appointment which have been supplied to me. I further understand that the job offer may be subject to the satisfactory outcome of references and/or a pre-employment health assessment and I consent to my doctor being approached for further information, including medical reports if the employer considers it necessary.

**Garda Vetting**

I further understand that the job offer may be subject to a Garda Vetting check carried out by An Garda Siochana, and I am aware that all spent convictions **must** be disclosed. I declare that the information I have given is accurate and I consent to the check being made.

|  |
| --- |
| * **I have** **read and understood the declaration.** * **I agree that information provided is accurate.** |

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**