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| **Application Form**  **Professionally Qualified Social Worker in the Adoption Authority of Ireland** | | | | | |
| 1. **Personal Details:** Please fill in all fields | | | | | |
| Title: (Mr/Mrs/Ms): | | Surname: | | Forename(s) in full: | |
| Postal Address | | | | | |
| Contacts: Mobile Number: Email: | | | | | |
| Work Permit, are there any legal restrictions on your right to work in this country?  Please answer **Yes** or **No**. If yes, please supply details. | | | | | |
| Have you previously availed of a Voluntary Early Retirement Scheme or any other Redundancy Scheme in the public sector? Please answer **Yes** or **No**  If yes, do the terms of the scheme allow you to apply for this positon? Please answer **Yes** or **No.** | | | | | |
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| 1. **Qualifications:** Please provide details of any relevant qualifications you may hold | | | | | |
| Membership of Professional Associations | |  | | | |
| Academic, Professional or Technical Qualifications | |  | | | |
| Relevant training courses attended | |  | | | |
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| **3. Employment History:** Most recent employment position.  For your current or most recent employment position, please provide the following details. | | | | | |
| Name of Employer  (please also describe the nature of the business). | |  | | | |
| Address and telephone number | |  | | | |
| Position held | |  | | | |
| Describe main duties and responsibilities | |  | | | |
| Date of appointment | | From | | To | |
| Reason for leaving | |  | | | |
| If appointed, what level of notice is required? | | | | | |
|  | |  | |  | |
| **Previous Employment**  Please give particulars of all employment starting with the appointment immediately preceding that described above | | | | | |
| From To | Employer Name and Address | | Position held and main responsibilities | | Reason for Leaving |
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| **4. Key Achievements** | | | | | |
| The following section asks you to provide an overview on how you meet the skills and experience in relation to the essential and desirable criteria in the job and personal descriptions. Candidates should refer to the specific criteria for the job for which they are applying and demonstrate their ability to meet same. (Please see Appendix A in the candidate information booklet for detailed descriptions of the competencies) Max 250 words for each competency. | | | | | |
| **Team Leadership:** | | | | | |
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| **Analysis and Decision Making:** | | | | | |
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| **Management and Delivery of Results:** | | | | | |
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| **Interpersonal and Communications Skills:** | | | | | |
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| **Specialist Knowledge, Expertise and Self Development:** | | | | | |
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| **5. REFERENCES:** Please provide details of two people who know you and from whom references may be obtained. It is preferable that at least one reference be from a person who knows you in a work context. | | | | | |
| 1. Referees name | |  | | | |
| Position | |  | | | |
| Nature of relationship | |  | | | |
| Address | |  | | | |
| Telephone Numbers | |  | | | |
| Email | |  | | | |
|  | | | | | |
| 1. Referees name | |  | | | |
| Position | |  | | | |
| Nature of relationship | |  | | | |
| Address | |  | | | |
| Telephone Numbers | |  | | | |
| Email | |  | | | |
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| **DECLARATION**  I hereby certify and declare that all of the information that I have provided on this application has been honestly and accurately articulated to the best of my knowledge and belief. | | | | | |
| Name of Applicant | |  | | | |
| Signature | |  | | | |
| Date | |  | | | |
| Please ensure that you have provided all of the information for which you have been asked. A candidate found to have given false information or to have wilfully supressed any material fact will be liable to disqualification or, if appointed, to dismissal.  Please note that all personal data shall be treated as confidential in accordance with General Data Protection Regulations. | | | | | |