#### TUS NUA

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ARTANE FAMILY RESOURCE CENTRE

Reference Number:

(Office use only)

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| **Application form** | **Position:**  |

**Name in full (BLOCK LETTERS):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Postal Address (BLOCK LETTERS)** (Please notify us at once of any change in your address)

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**Telephone No.(s):-**

Private: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **EDUCATIONAL DETAILS**Starting with the most recent, list all Certificates, Diplomas and/or Degrees and specify dates of attainment |
| COURSE TITLE & AWARDING BODY | YEAR COMPLETED |
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| Starting with the most recent, list other non-accredited and/or relevant courses and specify dates of attainment |
| COURSE TITLE & TRAINING ORGANISATION | YEAR COMPLETED |
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| **MEMBERSHIPS**List all Professional Bodies, Voluntary and Community Sector (V&CS) Organisations, etc. |
| NAME OF PROFESSIONAL BODY/V&CS ORGANISATION, ETC. | YEAR OF MEMBERSHIP |
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**CURRENT EMPLOYMENT RECORD**

|  |  |  |
| --- | --- | --- |
| **From** | **To** | **TITLE:** |
|  |  | **NAME AND ADDRESS OF EMPLOYER:** |
| **MAIN RESPONSIBILITIES, SIGNIFICANT FEATURES, SALARY, ETC.:** |

**PREVIOUS EMPLOYMENT RECORD** (Please continue on a separate sheet if desired)**:-**

|  |  |  |
| --- | --- | --- |
| **From** | **To** | **TITLE:** |
|  |  | **NAME AND ADDRESS OF EMPLOYER:** |
| **MAIN RESPONSIBILITIES, SIGNIFICANT FEATURES, SALARY, ETC.:** |

|  |  |  |
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| **From** | **To** | **TITLE:** |
|  |  | **NAME AND ADDRESS OF EMPLOYER:** |
| **MAIN RESPONSIBILITIES, SIGNIFICANT FEATURES, SALARY, ETC.:** |

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| **Please indicate any particular experience and/or achievements you consider an Interview Board should be aware of when assessing your application for the post of:** **Community Development worker**(Please continue on a separate sheet if desired) |
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| **Please outline any other supporting information that you consider would be relevant to your candidature for this particular post.** (Please continue on a separate sheet if desired) |
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**Do you hold a current driving license Yes No**

Please indicate date when you would be in a position to take up this position if you are successful

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| **Any other additional information** |
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**References:** Please give details of two referees who would support your application

**Name: Name:**

Address: Address:

# Telephone: Telephone:

**Do you give permission to contact referees. Yes No**

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| **DECLARATION** |
| I certify that the information given in this application is accurate and complete to the best of my knowledge.Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please note that the signing of this application form indicates that you have read the job description and any other information issued by the Company and that you can comply with the requirements of the post. Any false statements could result in the application being declared invalid. |

**Please return the completed application form to:**

**The Coordinator**

Artane Coolock Family Resource Centre

55 Gracefield Road

Artane

Dublin 5

Tel: 01 8512289

**Closing date for receipt of applications is Thursday 1st October 2020 at 5pm**