**Application Form**

**Community Addiction Response Programme
Killinarden Heights, Whitestown,
Tallaght, Co. Dublin, 24
Eircode: D24 A275**

**Registered Charity No. 20035976
Certificate of Incorporation No: 277033
CHY 12358**

Please complete application form

Please indicate below how you heard about this vacancy:

Active link \_\_\_\_\_\_\_\_ Community Exchange \_\_\_\_\_\_\_\_

Word of Mouth \_\_\_\_\_\_\_ Other (please specify) \_\_\_\_\_\_\_\_

1. **JOB TITLE: Team Leader**
2. **PERSONAL DETAILS**

First name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you permitted to live and work in Ireland Yes / No

Telephone: Home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Mobile\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby certify that all information provided on this application form is true and correct.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **EDUCATION RECORD.**

 Second Level:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| School attended | From | To | Highest exam taken | Year |
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**Third Level Education**:

|  |  |  |  |
| --- | --- | --- | --- |
| Examining Body | Degree/Diploma/Certificate | Award Pass/ Honours | Year of Award |
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 **Other relevant training**

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1. **EMPLOYMENT RECORD**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name/address/business of Employer | Tomm/yy | FromMm/yy | Position(Indicate full/part time) | Reason for leaving |
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**DESCRIBE YOUR EXPERIENCE IN THE FIELD OF SUBSTANCE MISUSE:**

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1. **SUMMARY OF DUTIES AND LEVEL OF RESPONIBILITY IN CURRENT POST, OR IN RECENT POST IN YOUTH SUBSTANCE MISUSE:**

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1. **SUPPLEMENTARY INFORMATION;**

This space may be used by the candidate to amplify information, or to give additional information relevant to the application for the position with this organisation.

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1. **OTHER INTERESTS:**

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The selection board will require a report on your work experience etc. Please name below two responsible people who have first-hand knowledge of your work, one should be your current or most recent manager.

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NB: CURRICULUM VITAE AND LETTER OF APPLICATION MUST BE SUBMITTED WITH CARP APPLICATION FORM BY EMAIL**

**Return address; jameskelly@carp.ie**

**Closing date & time is 1 pm Friday 24th February 2023**