A close-up of a logo

Description automatically generated

PPN COMMUNITY MAPPING WORKER APPLICATION FORM AND EXPLANATORY NOTES FOR CANDIDATES

Please read these instructions fully before completing Forms A1 and A2:

1. This job application form is designed in such a way that all of your personal details will be outlined on Form A1 and will be used for administration purposes only. All specific information furnished by you relating to the post on offer will be outlined on Form **A2.**
2. Selection will be based solely on the information furnished on Form **A2**, therefore you should ensure that the information given is sufficiently comprehensive and relevant to the post on offer.
3. Read through the application form fully and then complete both Forms **A1** (two pages) and **A2** (five pages).
4. Keep a copy of your completed application form.
5. Applications will only be accepted on the application form and should be received by email only not later than **5pm** on **Monday 26th May 2025**
6. No need to forward any cover letter, certificates or references with the application form.
7. It is the policy of Tipperary PPN to contact the current or most recent employer. Referees will only be contacted after interview.
8. This application form, when completed, should be sent by email to the Tipperary PPN Coordinator at [coordinator@ppntipperary.ie](mailto:coordinator@ppntipperary.ie)
9. Canvassing will disqualify.
10. Shortlisting may occur.
11. Interviews will be held in Thurles on **Friday 6th June 2025**
12. Enquiries about the position can be forwarded to [coordinator@ppntipperary.ie](mailto:coordinator@ppntipperary.ie)

**Tipperary Public Participation Network (PPN)**

**Inform, Strengthen & Empower Through Participation**

Thurles Community Enterprise Centre (TCEC)

TUS Campus

Nenagh Road

Thurles

Co. Tipperary

**Mobile:** 087 4567 111

**Web:** [www.ppntipperary.ie](http://www.ppntipperary.ie)

**Email**: coordinator@ppntipperary.ie

*Funded by Dept. of Rural & Community Development*

Reference Number:

(Office use only)

**FORM A1**

|  |  |
| --- | --- |
| **Application form** | **Position:Community Mapping Worker** |

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

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

**Telephone No.(s):**

**Mobile:**

**Email:**

**Current Employment:**

**Name of Current (or previous) employer:**

**Address;**

**Telephone:**

**Contact Name:**

**References:** Please give details of two referees who would support your application

**Name: Name:**

**Position: Position:**

**Address:** **Address:**

**Telephone: Telephone:**

**Do you give permission for us 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 (forms A1 and A2) 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. |

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| **Application Form** | **Position: Community Mapping Worker** |

Reference Number:

(Office use only)

**FORM A2**

|  |  |
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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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**BRIEF SUMMARY OF WORK EXPERIENCE**

**Voluntary experience may also be included**

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| --- | --- | --- | --- |
| **From** | **To** | **Title of Post** | **Employer** |
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**PREVIOUS EMPLOYMENT RECORD** (Please continue on a separate sheet if desired)**:-**

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

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

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

**SUPPLEMENTARY QUESTIONS:**

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| **Please indicate any particular experience and/or achievements, particularly with voluntary organisations, you consider an interview board should be aware of, when assessing your application for the post.** |
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| **Please outline any other supporting information that you consider would be relevant**  **to your candidature for this particular post. Please refer to the Job Description.** |
|  |

**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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Closing date for receipt of applications: **5pm @** **Monday 26th May 2025**

Completed applications form should be emailed to [coordinator@ppntipperary.ie](mailto:coordinator@ppntipperary.ie)