**Mahon/Blackrock School Completion Programme**

**Full time Project Worker**

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| PERSONAL DETAILS | | | | | | |
| **Surname:** | | |  | **First Name(s):** | | |
| **Address for Correspondence:** | | |  | **Home Address (if different):** | | |
| **Email Address:** | | |  | **Mobile Telephone Number:**  **Home Telephone Number:** | | |
| Do have a current full driving licence?  Yes  No | | |  |  | | |
| GENERAL INFORMATION | | | | | | |
| **Current Occupation /Job Title (if applicable):** | | |  | **If currently employed – how much notice must you give?** | | |
| EDUCATION DETAILS | | | | | | | |
| **Names and addresses of schools, colleges or universities attended** | **Dates Attended** | **Qualifications obtained**  **(Please state type of qualification, subjects studied)** | | | **Awarding Body\*** | **Date(s) Awarded** | |
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**\* Use appropriate initials e.g. NCEA, NUI etc. (Please use additional sheets if necessary)**

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| ADDITIONAL TRAINING & DEVELOPMENT  (Relevant to the post) | | | | |
| **Title of the Course Attended** | **Name of College/ Training Centre Attended** | **Content/ Details of Course** | **Dates Attended** | **Qualification/ Title of Award attained** |
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| EMPLOYMENT HISTORY  (List the most recent employment first) | | |
| 1. **CURRENT EMPLOYER:**   **Company Name, Address & Telephone Number** | | **Nature of Business:** |
| **Job title held:**  **Key Responsibilities:** | | |
| **Dates Employed:** | **From: To:** | |
| **Reason for Leaving:** | | |

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| 1. **Previous Employer:**   **Company Name, Address & Telephone Number** | | **Nature of Business:** |
| **Job title held:**  **Key Responsibilities:** | | |
| **Dates Employed:** | **From: To:** | |
| **Reason for Leaving:** | | |

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| 1. **Previous Employer:**   **Company Name, Address & Telephone Number** | | **Nature of Business:** |
| **Job title held:**  **Key Responsibilities:** | | |
| **Dates Employed:** | **From: To:** | |
| **Reason for Leaving:** | | |

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| ADDITIONAL INFORMATION  Regarding your application |
| Please say (in 400 words or less) why you are applying for this position and what qualities you consider are most important for the role? |
| Teamwork is a vital part of this role, give examples (in 400 words or less) of work, academic and non-academic (activities, clubs, societies, voluntary work) where you have been a member of a team. |
| Please give details (**in 400 words or less**) of any areas of particular interest which you wish to discuss at interview relevant to the role or any further information you wish to supply in support of your application? |
| Hobbies & Interests |
| Please give details of your hobbies and interests: |

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| REFERENCES | | | |
| **Please list name, address, telephone number and email address of two referees:** | | | |
| **Referee #1** | | **Referee #2** | |
| Name |  | Name |  |
| Address |  | Address |  |
| Telephone No |  | Telephone No |  |
| Email address |  | Email address |  |
| Please indicate if we have your permission to contact these referees without further notice:  Yes  No | | | |
| CONDITIONS | | | |
| **If you are successful in your application and are offered a position with School Completion Programme the offer may be conditional upon you: -**   1. Successfully completing Garda Vetting clearance 2. Completion of 2 successful reference checks 3. You will be required to own or have the use of a car | | | |
| DECLARATION | | | |
| “I have reviewed the above information supplied to Mahon/Blackrock School Completion Programme and hereby certify that, to the best of my knowledge and belief, such information is true and complete and is not misleading in any material respect. I understand that any falsification, omission, or misrepresentation on my part will be treated as serious misconduct and may result in the termination of my employment with the company in the event that I am successful in my application for employment with Mahon/BlackrockSchool Completion Programme”.  “I understand that certain information hereby provided by me is personal data, within the meaning of that term as defined in the Data Protection Acts 1988 and 2003 (the “Acts”), and I confirm that the provision of this information by me so that it may be processed for the purposes of consideration of my application constitutes a consent for the purposes of the Acts”.  Signature:  Date:  ***\*Handwritten signature not required if returning application form by email*** | | | |

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| HOW TO RETURN YOUR APPLICATION FORM |
| Once complete, please return this Application Form by email for the attention of the Chairperson by Friday 30th of May 2025 to **scp@holycrosscork.ie** |