**Form A1**

**Reference No: \_\_\_\_\_\_\_\_\_\_\_**

*(Office use only)*

****



**Application Form**

**SICAP Community Outreach & Wellbeing Worker**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name in full (BLOCK LETTERS)** | | |  | | | | |
| **Postal Address (BLOCK LETTERS)** | | |  | | | | |
| **Phone Numbers** | | | **Private:**  **Mobile:** | | | | |
| **Email Address** | | |  | | | | |
|  | | |  | | | | |
| **Current Employment** | | | | | | | |
| **Name of current (last) employer** | | |  | | | | |
| **Address** | | |  | | | | |
| **Phone Number** | | |  | | | | |
| **Contact Name** | | |  | | | | |
|  | | |  | | | | |
| **Referees (*Please give details of two referees who would support your application)*** | | | | | | | |
| **Name** | |  | | **Name** | |  | |
| **Address** | |  | | **Address** | |  | |
| **Phone** | |  | | **Phone** | |  | |
| **Do you give permission to contact referees** | | | |  | | | |
|  | | |  | | | | |
| **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.*** | | | | | | | |

**Application Form**

**SICAP Community Outreach & Wellbeing Worker**

**Form A2**

**Reference No: \_\_\_\_\_\_\_\_\_\_\_**

*(Office use only)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **General Education** | | | | |
| **School or College Attended** | **From** | **To** | **Examinations** | **Results** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Academic and/or Professional Qualifications** | | | | |
| **Full Title Degree(s)**  **Qual(s) held** | **Type & Grade of Honours**  **(1st or 2nd Class, Gr I or II)** | **Subject(s) in final Exam** | **University,**  **College or**  **Examining**  **Authority** | **Year Degree /**  **Qual. Obtained** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Application Form**

**SICAP Community Outreach & Wellbeing Worker**

**Form A2**

**Reference No: \_\_\_\_\_\_\_\_\_\_\_**

*(Office use only)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Employment Record** | | | |
| Give below, in date order, full particulars of all employment (including also any periods of unemployment) between the date of leaving school or college and the date of taking up your present position. No period between these dates should be left unaccounted. If it is necessary to continue on a separate sheet, please set out the information in the same manner as below. **Candidates may be short-listed for interview on the basis of information supplied on their applications.** | | | |
| From | **To** | **Name & address of Employer, Details of salary** | **Description of title and duties/responsibilities** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Application Form**

**SICAP Community Outreach & Wellbeing Worker**

**Form A2**

**Reference No: \_\_\_\_\_\_\_\_\_\_\_**

*(Office use only)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Present Position** | | | |
| **From (Date)** |  | **Title** |  |
| **Main responsibilities and significant features (including name and address of employer, salary).** | | | |
|  | | | |

|  |
| --- |
| **Pease indicate any particular experience, innovations or achievements you consider an Interview Board should be aware of when assessing your application.** |
|  |

|  |
| --- |
| **Please outline any other supporting information that you consider would be relevant to your application for this particular post.** |
|  |

**Application Form**

**SICAP Community Outreach & Wellbeing Worker**

**Form A2**

**Reference No: \_\_\_\_\_\_\_\_\_\_\_**

*(Office use only)*

|  |
| --- |
| **Please indicate your IT skills / experience:** |
|  |

|  |
| --- |
| **If offered appointment when could you take up duty?** |
|  |

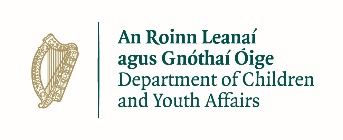
|  |
| --- |
| **Where did you see this position advertised?** |
| *Please embolden/mark as appropriate:*  PAUL Partnership Website  PAUL Partnership Jobs Bulletin  Active Link Website / Community Exchange  Jobs Ireland  ILDN  The Wheel  Community Groups  Limerick Post  LinkedIn  Instagram  **Other:** |

**Closing date for receipt of completed application form is 6th of June 2025.**

This application form, when completed, should be returned by email to: [**recruitment@paulpartnership.ie**](mailto:recruitment@paulpartnership.ie)

***PAUL is an equal opportunities employer. Canvassing will disqualify.***

*The Social Inclusion and Community Activation Programme (SICAP) is co-funded by the Government of Ireland, through the Department of Rural and Community Development, and the European Union.*