# PPN Network Support Worker – Candidate Declaration Form

Please complete this form and submit it with your application. It helps us verify your eligibility and understand your background in relation to the role.  
Candidate Information

|  |  |
| --- | --- |
| Full Name: |  |
| Phone Number: |  |
| Email Address: |  |
| Are you eligible to work in Ireland? (Yes/No): |  |
| Do you hold a full clean driving license? (Yes/No): |  |

Please confirm the following by ticking each box:

☐ I have attached a cover letter outlining why I am suitable for the role.

☐ I have attached a current CV.

☐ I have at least 2 years of relevant administrative or related experience.

☐ I understand the role of the Public Participation Network (PPN).

☐ I have some experience in or understanding of community, voluntary or local government work.

☐ I am comfortable using email, Microsoft Office/Google Workspace and digital tools.  
Declaration

I confirm that the information provided is true and correct to the best of my knowledge. I understand that any false statement may disqualify me from the recruitment process.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Digital signature Accepted)

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