**APPLICATION FORM**

**Blakestown & Mountview Youth Initiative CLG**

**Addiction Practitioner/Social Care Worker**

**TO APPLY:** Please forward **Completed Application** via **email only** to manager@bmyi.ie

The deadline for receipt of applications is 5pm, 3rd of October 2025. Late applications will not be considered. CV’s will not be considered.

In the email subject line please include “Addiction Practitioner/Social Care Worker”

**Canvassing will disqualify**

**Garda Vetting Required**

*Entries on this form should be typed. The tables expand to allow for elaboration. Please read the job description before completing the application.*

**State the specific Project worker post are you applying for:**

|  |
| --- |
|  |

Title:

|  |
| --- |
|  |

Full Name:

|  |
| --- |
|  |

Home Address:

|  |
| --- |
|  |

|  |
| --- |
| Telephone Number:  Email address: |

Do you hold a current driving licence? Yes/No (if yes, state class\_\_\_\_\_\_\_)

Do you have your own transport? Yes/No

**Current/Most Recent Employer:**

|  |
| --- |
| Company Name:  Address:  Telephone number:  Position Held:  Dates employed  From:  To: |

|  |
| --- |
| Duties & Responsibilities: |

**Education History**

|  |  |  |  |
| --- | --- | --- | --- |
| School or College Attended | Period  From To | Qualification Obtained | Date Obtained |
|  |  |  |  |

***Professional & Technical Training***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Place of Training | Title of Course | Period  From To | Qualification Obtained | Date Obtained |
|  |  |  |  |  |

**Employment History to Date (starting with most recent employer)**

|  |  |  |
| --- | --- | --- |
| Dates  From To | Employers Address | Post held & main duties undertaken and reason for leaving |
|  |  |  |

**Voluntary Work/Student Placements to Date**

|  |  |  |  |
| --- | --- | --- | --- |
| Dates  From To | Name of organisation | Main duties and responsibilities | Voluntary work or Placement |
|  |  |  |  |

**Professional Development - Short Course, Training Days Undertaken to Date**

|  |  |  |
| --- | --- | --- |
| Date of course | Name of course | Content of course |
|  |  |  |

**Organisational Fit & Skills Fit**

|  |
| --- |
| What aspects of your personality make you appropriate for this post? |

|  |
| --- |
| What skills do you have which make you appropriate for this post? |

Detail Your Hobbies & Pastimes:

|  |
| --- |
|  |

**Referees:**

Please give the name, address and occupation of two referees to whom you are well known but not related, one of whom should be your most recent employer.

|  |
| --- |
|  |

**Notice required by present employer**: ……………………………………………

I certify that the information I have given on this application form is accurate to the best of my knowledge and belief.

Digital Signature: …………………………………… Date: ………………………