***Please attach a CV with your application***

**Post Applied for: Residential Social Care Worker (1 year contract)**

**Closing Date: 9th November 2017**

**PERSONAL DETAILS**

Surname: Click here to enter text. Forename: Click here to enter text.

Home Address: Click here to enter text.

Phone No: Click here to enter text.

Email address: Click here to enter text.

Do you hold a current unrestricted drivers licence:Click here to enter text. Full or Provisional: Click here to enter text.

**EDUCATION AND TRAINING**

***The successful candidate will be asked to supply verification of qualifications***

Name of College/University: Click here to enter text.

Name of Course: Click here to enter text.

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| --- | --- |
| Start Date of Course: Click here to enter text. | End Date of Course: Click here to enter text. |
| Qualification Received: | Click here to enter text. |

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Name of College/University: Click here to enter text.

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Name of Course: Click here to enter text.

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| Start Date of Course: Click here to enter text. | End Date of Course: Click here to enter text. |
| Qualification Received: | Click here to enter text. |

**EMPLOYMENT**

**CURRENT/MOST RECENT EMPLOYMENT**

Job Title: Click here to enter text.

Name & Address of Employer: Click here to enter text.

|  |  |
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| Start Date: Click here to enter text. | End Date: Click here to enter text. |

Main responsibilities of this role:

Click here to enter text.

Reason for Leaving: Click here to enter text.

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**PREVIOUS EMPLOYMENT**

Job Title: Click here to enter text.

Name & Address of Employer: Click here to enter text.

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| *Start Date:* Click here to enter text. | *End Date:* Click here to enter text. |

*Main responsibilities of this role:*

Click here to enter text.

*Reason for Leaving:* Click here to enter text.

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Job Title: Click here to enter text.

Name & Address of Employer: Click here to enter text.

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| *Start Date:* Click here to enter text. | *End Date:* Click here to enter text. |

*Main responsibilities of this role:*

Click here to enter text.

*Reason for Leaving:* Click here to enter text.

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Job Title: Click here to enter text.

Name & Address of Employer: Click here to enter text.

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| *Start Date:* Click here to enter text. | *End Date:* Click here to enter text. |

*Main responsibilities of this role:*

Click here to enter text.

*Reason for Leaving:* Click here to enter text.

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Job Title: Click here to enter text.

Name & Address of Employer: Click here to enter text.

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| *Start Date:* Click here to enter text. | *End Date:* Click here to enter text. |

*Main responsibilities of this role:*

Click here to enter text.

*Reason for Leaving:* Click here to enter text.

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**VOLUNTEER EXPERIENCE**

Name & Address of Organisation: Click here to enter text.

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| Start Date: Click here to enter text. | End Date: Click here to enter text. | Hours Per Week: Click here to enter text. |

Main Responsibilities: Click here to enter text.

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**VOLUNTEER EXPERIENCE**

Name & Address of Organisation: Click here to enter text.

|  |  |  |
| --- | --- | --- |
| Start Date: Click here to enter text. | End Date: Click here to enter text. | Hours Per Week: Click here to enter text. |

Main Responsibilities: Click here to enter text.

**INTERESTS & HOBBIES**

Click here to enter text.

**How do your qualifications and experience to date make you an ideal candidate for this role? (Less than 200 words)** Click here to enter text.

**REFEREES**

**Please give details of three employers/ managers, including current employer, whom can be contacted for references. No contact will be made with you current employer without your consent.**

**Referee for Current /Most Recent Employment**

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| --- | --- |
| Organisation: Click here to enter text. | Name of Referee: Click here to enter text. |

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| Address: Click here to enter text.  Organisation Phone No: Click here to enter text. | Relationship to referee: Click here to enter text.  Referee contact no: Click here to enter text. |

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| Organisation: Click here to enter text. | Name of Referee: Click here to enter text. |

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| Address: Click here to enter text.  Organisation Phone No: Click here to enter text. | Relationship to referee: Click here to enter text.  Referee contact no: Click here to enter text. |

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| Organisation: Click here to enter text. | Name of Referee: Click here to enter text. |

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| Address: Click here to enter text.  Organisation Phone No: Click here to enter text. | Relationship to referee: Click here to enter text.  Referee contact no: Click here to enter text. |

**DISCLOSURE OF CONVICTIONS (ALL POSITIONS ARE SUBJECT TO GARDA CLEARANCE)**

Are you currently or have you ever been the subject of criminal charges or investigation? If yes, please give details Click here to enter text.

Is there anything in your background that would render you unsuitable to work with vulnerable adults/children? If yes, please give detail**s** Click here to enter text.

**Do you confirm that the information above is true, complete and correct to the best of your knowledge and belief** Click here to enter text.

Signed:

Date: Click here to enter text.

**Please return completed form to:**

**Patricia@tfcare.org**