|  |
| --- |
| **APPLICATION DETAILS** |
| Thank you for your interest in our employment opportunity.  Please read the application details carefully and fully complete all sections.  Please note incomplete applications will not be processed and will be returned to you.  Please send three copies of your up-to-date detailed CV (no more than 2 pages) and a cover letter accompanied with a fully completed confidential application form.  **Marked**  Private and Confidential:  **Mental Health Lead 162/2024**  Administration & Operations Department,  South Dublin County Partnership,  Unit D1, Nangor Road Business Park,  Nangor Road,  Dublin 12  OR alternatively  email your application to  [jobs@sdcpartnership.ie](mailto:jobs@sdcpartnership.ie) – **subject box to be marked: Mental Health Lead 162/2024**  Closing date for receipt of applications is **Wednesday 27th November 2024 @ 5.00pm.**  Please ensure you fully complete this application and enclose your CV and cover letter.  **Note no late applications will be accepted.**  **South Dublin County Partnership is an equal opportunities employer and welcomes applicants from a diversity of backgrounds.** |

**Please complete this form in full, provide as much detail and experience as possible.**

**Please complete in Microsoft word or use black ink pen**.

|  |  |
| --- | --- |
| PLEASE RETURN THIS FORM TO: | |
|  | Administration & Operations Department  South Dublin County Partnership  Unit D1  Nangor Road Business Park  Nangor Road  Dublin 12  Or to [jobs@sdcpartnership.ie](mailto:jobs@sdcpartnership.ie) |

|  |  |  |
| --- | --- | --- |
| POSITION APPLIED FOR | | Reference Number |
|  |  |  |

|  |  |
| --- | --- |
| **PERSONAL DETAILS** | |
| **Name** | Title |
| Forename (s) |
| Surname |

|  |  |
| --- | --- |
| **PERSONAL DETAILS** | |
| **Contact Information** | Address |
| Eircode |
| Email |
| Tel No (Home |
| Tel No (Mobile) |

|  |  |
| --- | --- |
| **DRIVING LICENCE** | |
| **Details** | Do You Hold a Current Valid Clean Driving License Yes Stop outline No Stop outline |
| If No, Please provide details. |
| License Type |
| Expiry Date |

|  |  |
| --- | --- |
| ARE THERE ANY RESTRICTIONS ON YOU ON TAKING UP EMPLOYMENT IN THE STATE | |
|  | Yes Stop outline No Stop outline  If yes, please provide details |

|  |  |  |
| --- | --- | --- |
| **EDUCATION Relevant to this position** | | |
|  | **Schools/Colleges University Name** | **Qualifications Gained and Dates** Relevant to this position |
|  |  |
|  |  |
|  |  |
|  |  |
| **Other** | **Qualifications Gained and Dates** Supports/compliments |
|  |  |
|  |  |
|  |  |

# 

|  |  |
| --- | --- |
| **EMPLOYMENT HISTORY Please complete in full and use a separate sheet if necessary** | |
| Last/Current Employment | Name of Employer |
| Address |
| Dates of Employment |
| Job Title |
| Main Duties and responsibilities |
| Reason (s) for leaving. |
| Notice period |

|  |  |
| --- | --- |
| **EMPLOYMENT HISTORY Please complete in full and use a separate sheet if necessary** (If No Relevant Paid Employment Please Detail Any Voluntary Experience | |
| Previous Employment (1) | Name of Employer |
| Address |
| Dates of Employment |
| Job Title |
| Main Duties and responsibilities |
| Reason (s) for leaving. |

|  |  |
| --- | --- |
| **EMPLOYMENT HISTORY Please complete in full and use a separate sheet if necessary** | |
| Previous Employment  (2) | Name of Employer |
| Address |
| Dates of Employment |
| Job Title |
| Main Duties and responsibilities |
| Reason (s) for leaving. |

|  |  |
| --- | --- |
| **EMPLOYMENT HISTORY Please complete in full and use a separate sheet if necessary** | |
| Previous Employment  (3) | Name of Employer |
| Address |
| Dates of Employment |
| Job Title |
| Main Duties and responsibilities |
| Reason (s) for leaving. |

|  |  |
| --- | --- |
| **CURRENT MEMBERSHIP OF PROFESSIONAL BODIES** Please note and professional bodies you are member, or registered with | |
|  |  |
|  |
|  |
|  |

|  |  |
| --- | --- |
| **OTHER EMPLOYMENT** Please note any other employment that you would continue with if you were to be successful in obtaining this position | |
|  |  |

|  |  |
| --- | --- |
| **LEISURE, Please note here your leisure interests, sports and hobbies, other pastimes etc.** | |
|  |  |

|  |  |
| --- | --- |
| **Your salary expectation (optional)** | |
|  |  |

|  |  |
| --- | --- |
| **REFERENCES, Please note her three persons from which we may obtain both character and work references** | |
| Reference (1) | Title |
| Forename |
| Surname |
| Address |
| Email: |
| Contact number. |

|  |  |
| --- | --- |
| **REFERENCES, Please note here three persons from which we may obtain both character and work references** | |
| Reference (2) | Title |
| Forename |
| Surname |
| Address |
| Email: |
| Contact number. |

|  |  |
| --- | --- |
| **REFERENCES, Please note here three persons from which we may obtain both character and work references** | |
| Reference  (3) | Title |
| Forename |
| Surname |
| Address |
| Email: |
| Contact number. |

|  |
| --- |
| Do you require notification before your referees are contacted? Yes No |

|  |  |
| --- | --- |
| **Please detail your reasons for this application, your main achievements to date and**  **the strengths you would bring to this post:**  **Please detail your knowledge skills and experience to meet the requirements of this role (as summated in the person specification) Applicants should pay particular attention to the essential and desirable criteria in the job description, your suitability and why you are the best candidate for this post** | |
|  |  |

|  |
| --- |
| APPLICANT DECLARATION |
| I hereby declare that all the information shared in this application and my attached CV and cover Letter are correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Block Capitals  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |