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| **Reference Number:** | **Title of Post:**  Care Support Worker | **Location of Post:** |

**PERSONAL DETAILS**

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| Surname: | Title: |
| First Names (in full): | Previous Surnames: |
| Address:    Post Code: | Telephone No (including std code):    Mobile Telephone No:    E-mail Address:    Personal Public Service Number: |

**DRIVING LICENCE**

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| Do you hold a full Driving Licence which allows you to drive in the Republic of Ireland?    Yes  No  Do you have access to a car **OR** in respect of applicants with a disability who cannot hold a license consideration will be given to alternative travelling proposals? **Please give details:** |

**ELIGIBILITY TO WORK IN THE ROI**

Do you require a permit to work in the Republic of Ireland? Yes  No

If yes, please give details.

**REFEREES**

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| Please name two referees, who have knowledge of your present and/or most recent work **and** who are in a supervisory/managerial capacity. (Please note that referees will not be contacted until an offer of employment has been made). | |
| Name:    Occupation:    Address:    Post Code:    Telephone Number:    Email: | Name:    Occupation:    Address:    Post Code:    Telephone Number:    Email: |

**CURRENT PROFESSIONAL REGISTRATIONS**

**Detail University Degrees and/or Professional Qualifications.**

##### EMPLOYMENT HISTORY

**PRESENT POST (If unemployed – most recent post)**

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| Name and address of present employer    Address:        Post Code: | Date appointed  (DD/MM/YY)  Contracted Hours: | Present salary per annum  €  Please detail other elements of remuneration package |
| Job Title and Grade  Reporting Relationship | |
| Department / Work Location | |
| Period of Notice Required | |
| Please give reason for leaving. Also indicate leaving date (if applicable): | | |
| Principal Duties | | |

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| PREVIOUS EXPERIENCE Please give details of all previous posts held, **beginning with the most recent**. If you have held more than one position with an employer please give details of each position. (Please attach additional pages as required) | | | | | |
| Employer’s name and address | Job Title and Grade | Duties (briefly) | From | To | Reason for Leaving |
| DD/MM/YY | DD/MM/YY |
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## GAPS IN EMPLOYMENT

If there are any gaps in your employment please explain further below;

**DEMONSTRATING YOUR ESSENTIAL EXPERIENCE**

**The following sections ask you to outline how you meet the essential experience and desirable criteria specified in the Personnel Specification. Applicants must clearly demonstrate experience giving examples and provide full details of any relevant qualifications with the grade /level obtained. If you fail to deal with each experience criterion in the Personnel Specification the selection panel will find it difficult to assess your application form and may be unable to invite you to interview. The selection panel will not make assumptions as to the skills, knowledge and experience you may have gained.**

**Essential Criteria**

**Circumstances:- To be over 23 years old. This is an occupational requirement.**

Please provide detailed information demonstrating how you meet this criterion (400 words maximum).

**Essential Criteria**

**Circumstances :- To be flexible as the role involves 24 hour cover on a rota/shift basis**. Please provide detailed information demonstrating how you meet this criterion (150 words maximum).

**Essential Criteria**

**Circumstances: Possess a full current driving licence that allows you to drive in ROI. Consideration will be given to alternative travelling proposals in respect of applicants with a disability who cannot hold a driver’s licence.** Please provide detailed information demonstrating how you meet this criterion (400 words maximum).

**Essential Criteria**

**Qualifications: -**

**• Minimum of FETAC level 5 Award in this field or equivalent related qualification**

Please provide detailed information demonstrating how you meet this criterion (400 words maximum).

**Essential Criteria**

**Experience: -**

**• A minimum of 6 month’s experience of supporting people in a caring field as a paid employee, volunteer or carer**

Please provide detailed information demonstrating how you meet this criterion (400 words maximum).

**HOLIDAY ARRANGEMENTS**

Please indicate planned holiday arrangements or other dates when you are unavailable for interview.

**Cork Association for Autism is under no obligation to take account of holiday arrangements but will endeavour to do so.**

**ADVERTISING**

Please indicate how you became aware of this vacancy:

|  |  |
| --- | --- |
| **Local Newspaper** | **Indeed** |
| **Activelink** | **Job Centre** |
| **Cork Association for Autism Website** | **Twitter /Facebook** |
| **Other**  **(Please Specify)** | **Internal** |

**PERSONAL DECLARATION**

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| I declare that to the best of my knowledge the information given is honest and accurate. I understand that any wilful misstatement or mission renders me liable to disqualification or, if appointed, to dismissal.    I understand that the appointment is subject to receipt of satisfactory reference, pre-employment health assessment, the verification of qualifications required for the post (as per the personnel specification) and relevant disclosure check.    I hereby give consent for the information on this form to be collected, stored and processed in accordance with the provisions of the Data Protection Acts 1988 and 2003.  **Signature:­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**NOTE TO APPLICANTS:**

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| * **Application forms must be completed in full. Please use Reference number from advert.** * **CV’s will not be accepted.** * **Application forms received after the deadline date and time will not be accepted.** |

**Completed application forms should be returned by the closing date to:**

**Sarah Jane Lee Email: recruitment@corkautism.ie**

**Cork Association for Autism**

**Unit 4**

**Barryscourt Industrial Estate**

**Carrigtohill**

**Cork**

**PLEASE BE ADVISED THAT THIS PAGE SHALL NOT BE MADE AVAILABLE TO THE SHORTLISTING PANEL – FAILURE TO COMPLETE THIS SECTION WILL RENDER YOUR APPLICATION INVALID.**

**MEDICAL HISTORY**

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| Please provide details and approximate dates of **all periods** of sickness during the **past 2 years**.  *(Please continue on separate sheet if necessary)* |

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| **Dates of Sickness** | **No. of days** | **Reason for Sickness** |
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| Please give details of any illness you suffer from or have suffered from which could affect your capacity to work.    Cork Association for Autism reserves the right to verify the above information with your current or previous employer, and any offer of employment will be subject to satisfactory medical examination | | |