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|  | **Guidance Notes**  **for the Completion of Job Application Form** |

**GENERAL**

**Applicants must complete both parts of the Application Form.** **Applicants who wish to be considered for more than one post must complete a separate Part 2 of the Application Form in respect of each post.**

All information must be set out on the official application form. If required, additional pages may be attached. Additional CVs will not be accepted. Original signed application form(s) must be submitted by the specified closing date.

You must ensure that your application gives clear evidence of your knowledge, skills and experience. Please read the application form carefully. Your form should be written in a concise, well-organised and positive way. When completed, read through your application form carefully and check that each section has been filled in. Should short-listing apply, only the information contained in the application form will be considered. Therefore, it is important that it is completed as fully and as comprehensively as possible.

Candidates who send their applications by post should use the correct value of postage stamps and allow sufficient time to ensure delivery not later than the latest time of acceptance, where applicable. Claims that any application form has been lost or delayed in the post will not be considered, unless applicants have a Post Office Certificate of Posting in support of such claims.

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| **Tá leagan Gaeilge den fhoirm seo ar fáil ar** [**www.donegaletb.ie**](http://www.donegaletb.ie)  **Please send completed applications to: Human Resources Division, ETB Administrative Offices,**  **Ard O’Donnell, Letterkenny, Co. Donegal.**  **Donegal ETB is an Equal Opportunities Employer.** |

**GUIDELINES FOR COMPLETING THE APPLICATION FORM**

**Part 1A**

The information you provide in Part 1 of the Application Form will not be made available to either the interview board or, where shortlisting is necessary, to the shortlisting board.

**Q.1** Must be completed by applicants who are not citizens of a member state of the European Economic Area (EEA). The EEA comprises of Member States of the European Union i.e. Austria, Belgium, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden.

**Part 1B**

**Personal Disclosure Form** – You are asked to confirm that nothing within your personal or professional background deems you unsuitable for employment with Donegal ETB. Recommended applicants will be required to complete a Garda Vetting Application Form to enable a vetting check by the Garda Vetting Unit. Please note that failure to disclose information in this regard will render any offer of employment invalid.

**Part 1C**

**Declaration –** You are asked to confirm that all the information you provide is true and accurate. Applicants who are subsequently found to have given false information may be disqualified from this competition or have any offer of employment withdrawn**.**

**Part 2**

**Qualifications**

State any qualifications you have obtained. Should you be successful at interview, you will be required to produce the original certificates of any qualifications listed**.**

**Employment Record Details**

Start with your current/most recent employer and work retrospectively. You should also give reasons for any gaps in your employment.

**Work Experience**

Please consider the selection criteria listed in the job description. Provide evidence that you possess the criteria required – be specific and give examples.

**Youthreach Resource Person**

Applicants who wish to be considered for more than one post must complete a separate Part 2 of the Application Form in respect of each post. Application must be typed or completed in **BLOCK CAPITALS** **in BLACK INK**

**Closing Date: 5:00p.m. on Tuesday, 27th January 2015**

**Part 1 Please Complete All Sections**

|  |  |
| --- | --- |
| **Post/**  **Reference No.**: | **Youthreach Resource Person – Communications and Literacy** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title: |  | First Name(s): |  | Surname: |  |

|  |  |
| --- | --- |
| Name on Birth Certificate:  (if different from above) |  |
| Home Address: |  |
| PPS Number: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Mobile No. |  | Tel: (work) |  |
| Email address: |  | Tel: (home) |  |

**1. Citizenship**

a) Are you an Irish Citizen Yes No

b) Are you a citizen of a member state of the European Economic Area (EEA)? Yes No

If you answered “No” to (a) and (b) above you **must** enclose evidence of legal residency in the state with this application form, i.e. a Certificate of Registration issued by the Garda National Immigration Bureau **and/or**a Passport endorsed with the appropriate permission to remain in the state.

2. Please name at least two responsible persons, to whom you are well known but not related, from whom Donegal ETB can request references on your behalf.

|  |  |  |
| --- | --- | --- |
| Name: | 1. | 2. |
| Position: |  |  |
| Address: |  |  |
| Email: |  |  |
| Telephone (work): |  |  |
| Telephone (other): |  |  |
| Mobile:\* |  |  |

\* Please supply mobile contact telephone number where possible

**3**. Do you possess a valid, full driving license? Yes No

|  |  |
| --- | --- |
| Vehicle Category/Categories: |  |

**4. Irish Language:**

Level of Spoken and Written Irish: Fluent Good Poor

Please note:

“Fluent” means being capable of performing the duties of office through the medium of Irish.

**Language of Preference:** Donegal ETB through it’s Schemes in accordance with Section 11 of the Official Languages Act 2003, is committed to affording applicants the opportunity to be interviewed in their official language of choice either Irish or English. Please indicate your preference by ticking the appropriate box below.

Language of Preference if called for interview: ( ✓ ) Irish English

**Interviews in respect of schools and centres operating wholly through the medium of Irish will be conducted through Irish.**

**5. Applications from persons with disabilities are welcome and information about disability is only requested on the application form in order that appropriate arrangements for an interview can be made, if necessary.**

(i) Do you consider that you have a disability?Yes No

(ii) **If YES**, please give details of the nature of your disability and your requirements, if any, to enable us to make appropriate arrangements for this competition:

|  |
| --- |
|  |

**6. How did you become aware of this vacancy? Please tick the appropriate source:**

|  |  |  |  |
| --- | --- | --- | --- |
| Donegal Democrat |  | [Donegal ETB website](http://www.dublincity.ie) |  |
| Derry Journal |  | Donegal News |  |

|  |  |
| --- | --- |
| Other – please specify |  |

7. Work Location - To be completed only by existing employees of Donegal ETB

|  |  |
| --- | --- |
| Name of School, College, Centre and/or Programme |  |
| Address |  |

**Confidential – Personal Disclosure Form**

Have you ever been convicted of a criminal offence or been given a caution? **Yes No**

|  |  |
| --- | --- |
| If YES, please detail the nature and date(s) of the offence(s): |  |
| Full Name:  *(Block Capitals)* |  |
| Address:  *(Block Capitals)* |  |
| Place of Birth: |  |
| Please specify any other name that you are or were previously known by:  *(Block Capitals)* |  |
| Previous Address to above:  *(Block Capitals)* |  |

I confirm that nothing within my personal or professional background deems me unsuitable for employment with Donegal Education and Training Board.

I declare that the above information is true and agree that I will abide and accept the terms and conditions of employment should I be successful in my application for a position.

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***(Sign after printing)***

The H.R. Division will treat all the information including personal data which you give as confidential, subject to Donegal ETB’s responsibilities under the Data Protection Acts.

**False declaration could lead to Non Employment or Dismissal**

**Declaration**

Before signing this form, please ensure that you have replied fully to all questions asked. Offers of employment are subject to verification of candidates’ eligibility for the position applied for.

1. I certify that all particulars in this application are true and correct, to the best of my knowledge and belief.

2. I am aware that any canvassing, by me, or on my behalf, will disqualify me from the position I am seeking and that any employment offered to me is dependent upon the information given herein being correct.

3. I am aware that false or misleading information or deliberate omissions may result in disqualification or the withdrawal of any offer of employment.

**Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***(Sign after printing)***

**Youthreach Resource Person**

Applicants who wish to be considered for more than one post must complete a separate Part 2 of the Application Form in respect of each post. Application must be typed or completed in **BLOCK CAPITALS** **in BLACK INK**

**Closing Date: 5:00p.m. on Tuesday, 27th January 2015**

**Part 2 Please Complete All Sections**

|  |  |
| --- | --- |
| **Post/**  **Reference No.**: | **Youthreach Resource Person – Communications and Literacy** |
| **Name:** |  |

**1. Details of General Education**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Primary/Second Level  Schools/Colleges attended | From  (year) | To  (year) | Exams | Year | Pass/  Hons |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**2. Third Level and Further Education**

2.1 Details of Primary Degrees Held:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Third Level Institution Attended: | |  | | | |
| Degree(s) Held: | |  | | | |
| Degree Awarding Authority: | |  | | | |
|  | | | | | |
| Hons/Pass (State Class): |  | Date and Year of Award: |  | Duration of Degree Course: |  |
|  | | | | | |
| Subjects Taken and Results: | | | | | |
| First Year: |  | | | | |
| Second Year: |  | | | | |
| Third Year: |  | | | | |
| Final Year: |  | | | | |

2.2 Details of Higher Degrees, Higher Diplomas or any other Higher Qualifications held

e.g. Higher Diploma in Education, Masters Qualifications.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Details Of Qualification | |  | | | |
| Institution Attended: | |  | | | |
| Degree Awarding Authority: | |  | | | |
| Hons/Pass (State Class): |  | Date and Year of Award: |  | Duration of Course |  |
| Subjects and Grade Obtained (State Results in each Subject): | | | | | |
|  | | | | | |

2.3 Details of any other Qualifications not stated previously:

e.g. FETAC Train the Trainer, NALA/W.I.T. Certificate in Literacy Methodologies,

Special Educational Needs, J.E.B, other.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Details Of Qualification | |  | | | |
| Institution Attended: | |  | | | |
| Degree Awarding Authority: | |  | | | |
| Hons/Pass (State Class): |  | Date and Year of Award: |  | Duration of Course |  |
| Subjects and Grade Obtained (State Results in each Subject): | | | | | |
|  | | | | | |

2.4 Details of any other formal or informal Professional Development:

|  |
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**3. Employment Record**

**(Applicants may submit supplementary information on an additional sheet if so desired)**

3.1 Previous Employment

|  |  |  |  |
| --- | --- | --- | --- |
| Name and Address  of Employer | From | To | Post Title and Nature of Duties |
|  |  |  |  |

3.2. Please list the FETAC Modules/Level which you are qualified to teach.

(You may wish to refer to [www.fetac.ie](http://www.fetac.ie))

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3.3 Where applicable, please detail any experience of delivering FETAC modules (or equivalents).

You should also indicate the type of students/learners you have instructed for the various modules (e.g. Adult Learners, Second Level Students, Youthreach Programme, etc.)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of School/College/  Training Organisation | From | To | FETAC Course | FETAC Level | Modules/Subjects  Taught | Learner Group |
|  |  |  |  |  |  |  |

3.4 Other experience in the Education Sector

(E.g. administrative, co-ordination, organizational, etc.)

|  |
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|  |

3.5 Experience in research and/or industry.

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|  |

3.6 Please outline particulars of experience in any voluntary, community or youth organisations of which you have been an active member.

(Please give name of organisation, period(s) of involvement and nature of work.)

|  |
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**4. Please detail any specific experience in guiding learners through a Quality Assurance System, ensuring that standards are adhered to and deadlines are met:**

|  |
| --- |
|  |

**5. Extra-Curricular Activities in which you have been and/or would be prepared to be involved?**

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**6. Any other relevant information/experience:**

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**7. Please provide a short outline of the role of the Youthreach Resource Person.**

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**8. Check List [please tick 🗸 items enclosed]**

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| --- | --- |
|  | Copies of results/parchments in respect of all qualifications listed at Sections 2.1, 2.2 and 2.3 |
|  | Original Birth Certificate, which will be copied and returned immediately |

**9. Declaration**

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| --- |
| Before signing this form, please ensure that you have replied fully to all questions asked. Offers of employment are subject to verification of candidates’ eligibility for the position applied for.  1. I certify that all particulars in this application are true and correct, to the best of my knowledge and belief.  2. I am aware that any canvassing, by me, or on my behalf, will disqualify me from the position I am seeking and that any employment offered to me is dependent upon the information given herein being correct.  3. I am aware that false or misleading information or deliberate omissions may result in disqualification or the withdrawal of any offer of employment.  Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***(Sign after printing)*** |