

CoAction West Cork Limited
CONFIDENTIAL EMPLOYMENT APPLICATION FORM
Slip, Bantry, Co Cork

Your assistance in our selection process will be appreciated. Please read the following carefully.

1. Answer all applicable questions to the best of your knowledge and belief. Falsification or omission of information will result in refusal to employ or termination of employment.
2. In order to protect children and vulnerable adults, the Department of Health has issued guidelines in relation to the recruitment of health service personnel. These guidelines advise that persons under consideration for health service posts must undergo Garda Clearance. Please provide the relevant details on the attached form.
3. You may be required to undergo a Medical Examination and references will be sought.
4. The information contained in this application will be used for the purpose of processing your application and, if you are successful, will form the basis of your Personnel Record (Data Protection Act, 1998).
5. Print legibly in black ink. Typewritten applications are also acceptable. Use additional pages as necessary.
6. You are welcome to include additional information in support of your application and which you wish to bring to the attention of CoAction West Cork.
7. Please sign the Declaration of Page 5.
8. Canvassing by and/or on behalf of any application will result in the application **not** being considered further.
9. Return this application form with any other relevant documentation to the HR Manager at the above address.
10. Please note all correspondence will take place via email.

Position applied for: _____

SECTION 1 – PERSONAL DETAILS

Surname: _____ First names: _____

Address: _____

Tel (private): _____ Tel (business): _____

Tel (mobile): _____ Email: _____

(All correspondence will be via email)

Next of Kin: (to be contacted in case of emergency)

Name: _____ Address: _____ Tel: _____

Have you previously applied for a position with CoAction? _____

If yes, what was the position? _____

SECTION 2 – EDUCATION / TRAINING

SECOND LEVEL EDUCATION

Name of School/College _____

_____ From (year) _____ To (year) _____

_____ From (year) _____ To (year) _____

Give the dates, subjects and results of your the public examination you sat during this period

Examination	Year	Subjects	Grade	Level (Higher/Lower/Ordinary)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Third Level Education (Please include detail of 3rd Level Management/Leadership Qualification)

College / Institute or Other	From (month & year) Full time / Part time	To	Qualifications/ Title of Award	Standard achieved	Subject studied
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

MEDICAL/NURSING REGISTRATION DETAILS (if applicable)

Details of Discipline	Date of Registration	Name of Body	Reg No	PIN Number
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

MEMBERSHIP OF PROFESSIONAL BODIES (state category of membership, date(s) of election if relevant)

SECTION 3 – OCCUPATIONAL EXPERIENCE
CAREER OVERVIEW

IMPORTANT: Please ensure all career history is clearly outlined below (e.g. if you took a career break, spent time out of work, please include this information so there are no gaps in your career history from when you left full-time education to present date).

From	To	Title	Employer

DETAILED CAREER HISTORY – listing the most recent first:

Job Title:	
Grade/ Management Level (if applicable):	
Employer(s) & Department Name:	
From (00/00):	To(00/00) :
Main Roles & Responsibilities:	



Job Title:	
Grade/ Level (if applicable):	
Employer(s) & Department Name:	
From (00/00):	To(00/00) :
Main Roles & Responsibilities:	

Job Title:	
Grade/ Level (if applicable):	
Employer(s) & Department Name:	
From (00/00):	To(00/00) :
Main Roles & Responsibilities:	

Job Title:	
Grade/ Level (if applicable):	
Employer(s) & Department Name:	
From (00/00):	To(00/00) :
Main Roles & Responsibilities:	

Job Title:	
Grade/ Level (if applicable):	
Employer(s) & Department Name:	
From (00/00):	To(00/00) :
Main Roles & Responsibilities:	

ELIGIBILITY CRITERIA

Please indicate below how your professional qualifications/experience meets the eligibility criteria for the post of CEO, CoAction

- This section will be assessed by a board of Senior Managers to consider your experience as it is relevant to the eligibility criteria.
- Please note that if you omit information in this section pertinent to the eligibility criteria you may be deemed ineligible and subsequently not called forward to interview.
- Short listing may occur based on the information provided here and in the other areas of this application form.
- Please complete each section below. As you complete each section we recognise there will be overlap in the employer and date periods.

1. Candidates must have at the latest date of application:	Yes	No
a) Hold a QQI level 8 (or higher) major academic award, or equivalent.		

1. Please demonstrate your Health Sector management experience which should include financial and staff management, as relevant to the role	
Date(s) from – Date(s) to	Employer(s) & Department Name

2. Please demonstrate your proven ability in developing and implementing plans at a strategic and operational level, as relevant to the role

Date(s) from – Date(s) to

Employer(s) & Department Name

3. Please demonstrate your track record of delivering significant change in a complex multi stakeholder environment, as relevant to the role

Date(s) from – Date(s) to

Employer(s) & Department Name

4. Please demonstrate your experience in the delivery of a safe and quality service through multi-disciplinary and cross sectoral working, as relevant to the role

Date(s) from – Date(s) to	Employer(s) & Department Name

5. Please demonstrate that you have the requisite knowledge and ability (including a high standard of suitability and management ability) for the proper discharge of the duties of the office

Date(s) from – Date(s) to	Employer(s) & Department Name

SECTION 4 – OTHER INFORMATION

What are your long-term career plans:

Social activities / Special interests / Hobbies

Are you a car owner? Yes No Do you hold a full Driver's Licence? Yes No

Class of licence held _____ Expiry Date _____

Do you have any relatives employed by CoAction West Cork? Yes No

If "yes", please give details _____

References (please include your current employer – do not include relatives). I confirm that I have contacted the referees named below, and they have given their permission to be named. If a named referee is on the interview panel for the role I have applied for, I confirm I will provide an alternative referee Yes No

Email addresses essential

1.Name: _____ Job Title: _____ Address: _____ _____ Telephone: _____ Email essential _____	1.Name: _____ Job Title: _____ Address: _____ _____ Telephone: _____ Email: _____	1.Name: _____ Job Title: _____ Address: _____ _____ Telephone: _____ Email: _____
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Referred to us by: Agency Advert Other (give details) _____

SECTION 5 – DECLARATION

I hereby declare that all the particulars given on this form are true and that I am aware of the qualifications and particulars for this position. I understand that I may be required to submit documentary evidence in support of any particulars given by me on this form. I understand that any false or misleading information submitted by me will render me liable to automatic disqualification

Signature of Applicant: _____ **Date:** _____

Section 6 – For Office Use Only

Interviewed by	Date	Suitability	Responded to	Details
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

To: The HR Manager
 CoAction West Cork
 Slip
 Bantry
 Co Cork

I, the undersigned, hereby declare that:

1. I have never been convicted of a criminal offence, in Ireland or in another country.

2. I have been convicted of a criminal offence, In Ireland or in another country. If so please give details.

3. There are no criminal proceedings pending against me in Ireland or in another country.

4. There are criminal proceeding pending against me in Ireland or in another country. Please give details.

(Delete as appropriate)

This information is necessary in order to assess whether certain criminal convictions or offences may affect your suitability to perform the job. Failure to furnish this information will mean that your application will not be processed any further.

If it subsequently comes to our attention that you gave false information in reply to the above, your employment will be immediately terminated.

SIGNATURE OF APPLICANT: _____ **DATE:** _____