





For Office use only

Sligo School Completion Programme Project Worker

Surname	 -
First Name	
Telephone No	 Mobile No
Correspondence Address	 -
	 -
	 _

Further Education & Training

Dat	e	Name of College, University	1.	Title of Qualifications	1.Date Conferred	Name & Tel No of Contact Person
From	То	Chiveisky	2.	Obtained Subjects Taken	2. Precise Grade	of contact reason

Have you received Child Safeguarding training to date? Yes ____ No____

If yes, who provided the training? Please include copy of certificate

Employment History (excluding present or last employment) Please include any voluntary/community work, but <u>exclude work placement</u> which was conducted as part of a qualification obtained.

Dates From To	Period of Employment Years/Months	 Employers Name & Address Supervisors 	 Title of post Statement of Duties &
		Name, Title, Contact No	Responsibilities
		1.	1.
		2.	2.
		1.	1.
		2.	2.
		1.	1.
		2.	2.

Current/Last Employment

Name of Employer	Job Title	
Address _		
Telephone No		
What period of notice	e does your employer need?	
Date joined	Date finished	

Describe briefly your present or last employment- outline your main responsibilities, to whom you are responsible and who is responsible to you.

What does the area of social and educational disadvantage mean to you and give a brief outline of your experience, if any, in this area.

For Administration Purposes only Further Personal Details

REFERENCES:

Name:

Business Address

Occupation:

Telephone No:

	Name:
3:	Business Address:
	Occupation:
	Telephone No:

Please note that no enquiries will be made of your present employer without prior permission

In order to ensure Equality of Access to all applicants please indicate if you require any special aids, equipment or facilities to attend the interview.

DECLARATION: It is important that you read this declaration carefully and then sign.

"I declare that to the best of my knowledge and belief that there is nothing in relation to my conduct, character or personal background of any nature that would adversely effect the position of trust in which I would be placed by virtue of this appointment. I hereby confirm my irrevocable consent to the School Completion Programme to making such enquiries as the programme deem necessary in respect of my suitability for the post in respect of which this application is made. I hereby accept and confirm the entitlement of the programme to reject my application or to terminate my employment (in the event of a contract of employment having been entered into) if I have omitted to furnish the programme or where I have made any false statement or misrepresentation relevant to this application or my continuing employment with the programme.

Furthermore, I hereby declare that all the particulars furnished on this application 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 my application form. I understand that any false or misleading information submitted by me will render me liable to automatic disqualification"

"I understand that if my application is not shortlisted for this appointment, this document will be destroyed immediately by Sligo SCP. If I am selected for interview, this document will retained by Sligo SCP until appointment is made and panel formed. If I am successful and appointed to this position or placed on a panel, Sligo SCP will retain this application form for the duration of my employment / lifetime of the panel. If I am unsuccessful at interview, this document will be destroyed by Sligo SCP following the interview process"

Failure to sign the application form will render it invalid.

SIGNED_____

DATE _____

Completed application forms should be returned to

Sligo School Completion Programme c/o Mercy College Chapel Hill, Sligo.

or by email to <u>mary.mchugh@scp.ie</u> no later than **Friday 20th of September 2024 at 12 noon.**





