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| Pathways IrelandThe WillowsNaas RoadNewbridgeCo. KildareRep. of Ireland | Description: Macintosh HD:Users:MarkMcGuire1:Desktop:Pathwayslogo.png | Phone: 045461711info@pathwaysireland.ie“Taking steps towards a better future for children and families” |

**Pathways Ireland Application Form**

Position Applied For: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal Details**

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| **Name:** | **Address:** |
| **Phone Number:** | **Email Address:** |
| **Driving Licence:**Full/Novice/Provisional/Restricted  | **Driving Licence Expiry Date:** |
| **Do you need a work permit to work in Ireland?** Yes/No | **If yes, type and expiry of work permit/visa** |

**Qualification**

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| **What is your main qualification?** | **What level is this qualification?** |
| **What year was your qualification awarded?** | **Did you complete any work placements?**  |

**Additional Training (e.g. TCI, Children First, Manual Handling, Fire Safety, First Aid)**

Please only include training that you have copies of certificates for, as some companies do not release certificates for training they provided. Pathways Ireland provide all necessary training to successful candidates.

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| **Training**  | **Date Completed** | **Expiry Date** |
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**Experience**

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| **How many years social care experience do you have?** |  |
| **How many years in mainstream residential childcare do you have?** |  |

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| **How do you feel you meet the criteria for the position you’re applying for?** |

**Previous employment**

Please provide details of all posts you have left accounting for gaps in employment. Please begin with your current post:

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| **Current Employment** |
| **Employer:** |  |
| **Start Date and Finish Date** |  |
| **Job Title:** |  |
| **Salary:** |  |

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| **Employer Name + Location** | **Start and Finish Date** | **Role** | **Reason for leaving** | **Salary** |
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**Garda Vetting**

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| **Have you lived outside the republic of Ireland for a period of 6 months or more?** |
| **Have you ever been convicted of a criminal offence in the Republic of Ireland or elsewhere, including motoring offences?**  |
| **Do you have any formal charges pending?** |

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| **Do you consent to Pathways Ireland carrying out Garda Vetting in relation to your application?** |

**Health**

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| **Has any illness or medical condition prevented you from attending work or from performing your duties for more than a week in the past year?** |

Please provide details of any absences from work due to illness over the last three years:

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| **Reason for Absence** | **From** | **To** |
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**Disability**

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

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| **Do you consider that you have a disability?** Yes/NoIf yes, please give details of requirements, (if any) to enable us to make appropriate arrangements for interview  |

**I declare that the information I have provided in this employment application is accurate to the best of my knowledge.**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**References**

Please provide the names of three referees who can provide an employment reference for you. **Please note that one of the people submitted must be from your current employment and all three must have directly supervised you.** We will not contact any of the people submitted below unless you have been offered a position and we have your permission to contact them.

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| **Referee Name:****\*most current employment** |  |
| **Company/ Organisation:** |  |
| **Referee Job Title:** |  |
| **Telephone Number:** |  |
| **Email Address:** |  |
| **Address:** |  |

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| --- | --- |
| **Referee Name:** |  |
| **Company/ Organisation:** |  |
| **Referee Job Title:** |  |
| **Telephone Number:** |  |
| **Email Address:** |  |
| **Address:** |  |

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| --- | --- |
| **Referee Name:** |  |
| **Company/ Organisation:** |  |
| **Referee Job Title:** |  |
| **Telephone Number:** |  |
| **Email Address:** |  |
| **Address:** |  |