# JOB APPLICATION FORM AND EXPLANATORY NOTES FOR CANDIDATES

### Please read these instructions fully before completing Forms A1 and A2

1. This Job Application Form is designed in such a way that all of your personal details will be outlined on Form A1 and will be used for administration purposes only. All specific information furnished by you relating to the post on offer will be outlined on Form **A2.**
2. Selection will be based solely on the information furnished on Form **A2**, therefore you should ensure that the information given is sufficiently comprehensive and relevant to the post on offer.
3. Read through the Application Form fully and then complete both Forms **A1** (one page) and **A2** (five pages).
4. Keep a copy of your completed Job Application Form.
5. Applications will only be accepted on the Application Form and should be received by not later than **.** Friday 26th July, 2019.
6. No need to forward any cover letter, Curriculum Vitae, Certificates or References with the Application Form.
7. Please do not sign the end of your application; all personal details should be put in form A1 only.
8. It is the policy of the Project to contact the current or most recent employer. Referees will be contacted only after interview.
9. This Application Form, when completed, should be returned to the following email or postal address marked confidential for the attention of The Interview Panel, Knockanrawley Resource Centre, Knockanrawley, Tipperary Town; email: [knockcentremanager@gmail.com](mailto:knockcentremanager@gmail.com)
10. Canvassing will disqualify.

Reference Number:

(Office use only)

**FORM A1**

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| **Application form** | Position: Clinical Support Administrator |

**Name in full (BLOCK LETTERS):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Postal Address (BLOCK LETTERS)** (Please notify us at once of any change in your address)

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**TELEPHONE NO.(S):-**

Private: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CURRENT EMPLOYMENT:**

**Name of Current (or previous) employer:**

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**Address:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Contact name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**References:** Please give details of two referees who would support your application

**Name: Name:**

Address: Address:

# Telephone: Telephone:

**Do you give permission to contact referees. Yes No**

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| **DECLARATION** | | |
| I certify that the information given in this application is accurate and complete to the best of my knowledge.  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Please note that the signing of this application form (forms A1 and A2) indicates that you have read the job description and any other information issued by the Company and that you can comply with the requirements of the post. Any false statements could result in the application being declared invalid. | | |
| **Application form** | | Position: Clinical Support Administrator |

Reference Number:

(Office use only)

**FORM A2**

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| **EDUCATIONAL DETAILS**  Starting with the most recent, list all Certificates, Diplomas and/or Degrees and specify dates of attainment | |
| COURSE TITLE & AWARDING BODY | YEAR COMPLETED |
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| Starting with the most recent, list other non-accredited and/or relevant courses and specify dates of attainment | |
| COURSE TITLE & TRAINING ORGANISATION | YEAR COMPLETED |
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| **MEMBERSHIPS**  List all Professional Bodies, Voluntary and Community Sector (V&CS) Organizations, etc. | |
| NAME OF PROFESSIONAL BODY/V&CS ORGANISATION, ETC. | YEAR OF MEMBERSHIP |
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**BRIEF SUMMARY OF WORK EXPERIENCE**

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| **From** | To | Title of Post | Employer |
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**PREVIOUS EMPLOYMENT RECORD** (Please continue on a separate sheet if desired)**:-**

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| **From** | **To** | **TITLE:** |
|  |  | **NAME AND ADDRESS OF EMPLOYER:** |
| **MAIN RESPONSIBILITIES, SIGNIFICANT FEATURES, SALARY, ETC.:** | | |

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| **From** | **To** | **TITLE:** |
|  |  | **NAME AND ADDRESS OF EMPLOYER:** |
| **MAIN RESPONSIBILITIES, SIGNIFICANT FEATURES, SALARY, ETC.:** | | |

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| **From** | **To** | **TITLE:** |
|  |  | **NAME AND ADDRESS OF EMPLOYER:** |
| **MAIN RESPONSIBILITIES, SIGNIFICANT FEATURES, SALARY, ETC.:** | | |

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| **Please indicate any particular experience and/or achievements you consider an**  **Interview Board should be aware of when assessing your application for the post of:**  **Clinical Support Administrator at Knockanrawley Resource Centre.**  (Please continue on a separate sheet if desired) |
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| **Please outline any other supporting information that you consider would be relevant**  **to your candidature for this particular post.** (Please continue on a separate sheet if  desired) |
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**Do you hold a current driving license Yes No**

Please indicate date when you would be in a position to take up this position if you are successful

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| **Any other additional information** |
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**Please indicate where you heard about this position:**

**Activelink**



**Newspaper Edition:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**KRC Facebook**

**PPN Newsletter**

**Other Details:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**