



Waterford Intellectual Disability Association

APPLICATION FORM

(Please complete this application in dark ink and block letters)

POSITION APPLIED FOR:

CLOSING DATE:

SURNAME: FIRST NAMES:

ADDRESS FOR CORRESPONDENCE (Please notify WIDA if there is any change of address)

Telephone (private): Telephone (business):

Date of Birth: Place of Birth:

Nationality:

DECLARATION: (It is important that you read this Declaration carefully and then sign)

“I hereby declare 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 affect the position of trust in which I would be placed by virtue of this appointment. I hereby confirm my irrevocable consent to the Board of Management of WIDA making such enquiries, as the Board deem necessary in respect of my suitability for the post. I accept and confirm the entitlement of the Board to reject my application or to terminate my employment (in the event of a contract of employment having been entered into) if I have made any false statement or misrepresentations or concealed information relevant to this application.

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 or by my having representations made on my behalf will render me liable to automatic disqualification.”

I confirm that the information given on this application form is correct.

Signature of applicant:

Date:

Do you hold a Full Clean Driving License: Yes No

Do you have any penalty point Yes No

How many

Have you applied to WIDA before: Yes No

PROFESSIONAL REGISTRATION

If registered in any Professional Register, please give (a) Registration No:

(b) Date of Registration: (c) Title of Register:

EMPLOYMENT RECORD:

Please note all positions held following full-time education. Start with your present or most recent position and work back. Experience in all different departments of the same organisation should be shown. If necessary attach a separate A4 sheet. Explain any gaps in employment. If applying for a Supervisory /Management Post, please indicate supervisory experience, number of staff supervised, budget and reporting relationships.

From	To	Period in Months

Employer: (Enter Name & Address)	POST TITLE AND BRIEF STATEMENT OF DUTIES AND SKILLS ACQUIRED

Reason for leaving

From	To	Period in Months

Employer: (Enter Name & Address)	POST TITLE AND BRIEF STATEMENT OF DUTIES AND SKILLS ACQUIRED

Reason for leaving

EMPLOYMENT RECORD: (CONTINUED)

From	To	Period in Months

<i>Employer: (Enter Name & Address)</i>	<i>POST TITLE AND BRIEF STATEMENT OF DUTIES AND SKILLS ACQUIRED</i>

Reason for leaving

From	To	Period in Months

<i>Employer: (Enter Name & Address)</i>	<i>POST TITLE AND BRIEF STATEMENT OF DUTIES AND SKILLS ACQUIRED</i>

Reason for leaving

From	To	Period in Months

<i>Employer: (Enter Name & Address)</i>	<i>POST TITLE AND BRIEF STATEMENT OF DUTIES AND SKILLS ACQUIRED</i>

Reason for leaving

ADDITIONAL INFORMATION: Please give details of any achievements, leisure interests, or other additional information which you feel may be relevant (e.g. research/projects undertaken, publications, teaching experience, awards etc)

EDUCATION AND TRAINING

SECOND, THIRD LEVEL & PROFESSIONAL

DATES		NAME OF SCHOOL, COLLEGE, HOSPITAL OR UNIVERSITY	CERTIFICATE, DIPLOMA OR DEGREE OBTAINED	DATE CONFERRED	RESULT
FROM	TO				

TRAINING

GIVE DETAILS OF ANY SPECIALISED TRAINING RECEIVED AND/OR COURSES ATTENDED

REFEREES: (PLEASE NOMINATE TWO RESPONSIBLE PERSONS, NOT RELATED TO YOU, AS REFEREES)

NAME		
ADDRESS		
OCCUPATION		
TELEPHONE		

PLEASE NOTE THAT WHERE SHORTLISTING OF APPLICATIONS TAKES PLACE, IT WILL BE BASED ON THE INFORMATION, GIVEN BY YOU, IN THIS APPLICATION.

PLEASE SEND COMPLETED APPLICATION FORMS TO:

Meg Lynch, 2 Belmont Road, Ferrybank, Waterford. 051 – 897822