



DAUGHTERS OF CHARITY SERVICE

for Persons with Intellectual Disability

PLEASE FULLY COMPLETE ALL AREAS OF THIS FORM IN BLOCK CAPITALS

Application for the Position of: _____ Ref. No.: _____

Centre applying to: _____ Where did you see the post advertised? _____

PERSONAL DETAILS

Surname: _____

First Names: _____ Ms/Mr/Mrs: _____

Present Address: _____

Email Address: _____

Telephone No. Home: _____ Mobile: _____ Work: _____ Extn: _____

Are there any restrictions on your right to work in Ireland?

Yes If yes, please specify whether you require a green card or work permit: _____

No If no, please attach documentation from the relevant government department confirming your right to work in Ireland.

Have you been in Nominated Health Agency Superannuation Scheme in the last 26 weeks? Yes No

Have you previously applied for a position in our Service. Yes No

(If yes, please give details) Relief Temp Permanent

Have you been interviewed for a position on our Service Yes No

(If yes, please give details: Relief Temp Permanent

If offered a position, what period of notice does your present employer require?

What is your current annual salary? _____

Do you have a full clean driving licence? Yes No

What are the qualities which you have that make you suitable for this position?

EDUCATIONAL RECORD

Please start with your Secondary Education. If you are a nurse, please clearly state your nurse training and qualifications obtained.

DATES		Secondary School, College, Universities Attended	Subjects taken and qualifications obtained
FROM	TO		

OTHER COURSES COMPLETED (IF ANY)

COURSE DATE	COURSE NAME/ORGANISER	BRIEF LIST OF COURSE CONTENTS

CERTIFICATES

Please enclose **photocopies** of your qualification certificates and if relevant a **photocopy** of your current An Bord Altranais Registration certificate with this application form. (Please do not send originals).

MEMBERSHIP OF PROFESSIONAL & TECHNICAL BODIES

PERSONAL INTERESTS

Describe briefly your interests/leisure activities:

REFERENCES

Please list below the names of 3 referees, preferably employers, one of whom should be your current / most recent employment. Please note that referees will not be contacted without prior approval.

PRESENT EMPLOYER

Organisation Name: _____

Organisation Name: _____

Contact Name: _____

Contact Name: _____

Position: _____

Position: _____

Address: _____

Address: _____

Tel. No. _____

Tel. No. _____

Mobile No. _____

Mobile No. _____

E-mail Address: _____

E-mail Address: _____

Organisation Name: _____

Contact Name: _____

Position: _____

Address: _____

Tel. No. _____

Mobile No. _____

E-mail Address: _____

GARDA CLEARANCE

Please note that under the Department of Health & Children Guidelines, Daughters of Charity Service is obliged to seek a check on Garda Siochana records before an offer of employment is made. Please sign the attached authorisation form.

DECLARATION

I declare that the information in this document is, to the best of my knowledge, true in every detail. I understand that false statements may lead to disqualification, or if appointed, to termination of employment.

Signature: _____

Date: _____

Please return this application form with the Garda form fully completed to:

**Human Resources Department
Central Management Office
Daughters of Charity
Navan Road
Dublin 7**

Tel: (01) 8245400

E-mail: recruitment@docservice.ie

Website: www.docservice.ie



DAUGHTERS OF CHARITY SERVICE *for Persons with Intellectual Disability*

*Central Management Office
St. Vincent's Centre,
Navan Road, Dublin 7.*

*Tel: 01-8245400 Fax: 01-8385496
E-Mail: info@docservice.ie*

Dear Applicant,

Please find attached a Garda Clearance Enquiry Form on reverse.

Please note that under the Department of Health & Children Guidelines, Daughters of Charity Service is obliged to seek a check on Garda Síochana records before any offer of employment is made.

In view of this we would appreciate it if you could fill in the Enquiry Form as comprehensively as possible and return it to us with your application form. It is not necessary to approach the Gardaí with this form.

Previous Surname: Insert your previous name (i.e. name before marriage or previous name if you have ever changed your name)

Have you ever changed your name: Please tick as appropriate
If yes please state former first names and/or surname

Alias: If you are known by any name other than the name on your Birth Certificate, please insert

Place of Birth: Insert place of Birth (i.e. Town/City and Country)

Previous Address: Please state all addresses that you have previously resided at from birth along with the exact length of time. Please ensure that this includes addresses from outside of Ireland.

Yours sincerely

Human Resources Department



DAUGHTERS OF CHARITY SERVICE for Persons with Intellectual Disability

(Supported by HSE)

Central Management Office

St. Vincent's Centre

Navan Road, Dublin 7

Tel: 01-8245400 Fax: 01-8385496

Email: info@docservice.ie

SURNAME:	PREVIOUS NAME (if any):
FORENAME:	ALIAS:
DATE OF BIRTH:	PLACE OF BIRTH:
HAVE YOU EVER CHANGED YOUR NAME: Yes <input type="checkbox"/> No <input type="checkbox"/>	
IF YES PLEASE STATE FORMER NAME:	

PRESENT ADDRESS/ALL PREVIOUS ADDRESSES: PLEASE STATE ALL ADDRESSES AT WHICH YOU HAVE PREVIOUSLY RESIDED FROM BIRTH ALONG WITH THE EXACT LENGTH OF TIME. PLEASE ENSURE THAT THIS INCLUDES ADDRESSES OUTSIDE IRELAND.

House No.	Street	Town	County	Post Code	Country	Year From	Year To

Have you ever been convicted of an offence in the Republic of Ireland or elsewhere?
 No Yes Please provide details

DATE	COURT	OFFENCE	COURT OUTCOME

Declaration

To Commissioner,
 An Garda Siochana,
 Garda Central Vetting Unit
 Racecourse Road, Thurles
 Co. Tipperary

I, the undersigned who have applied to work as a _____ hereby authorise An Garda Siochana to furnish to the Daughter of Charity Service, a statement that there are no convictions recorded against me in the Republic of Ireland or elsewhere, or a statement of all prosecutions, successful or not, pending or completed, in the state or elsewhere as the case may be.

Signature of Applicant: _____ Date: _____
 ()

Authorised Signatory: _____ (HRM Department)
 ()

According to Garda records there are no previous convictions recorded against the above named applicant: or the following convictions appear on Garda Records:

Note: Checks were carried out by this office based on the information supplied.
 The convictions supplied may apply to the subject of your enquiry. Please verify before use.

Signed: _____ Member I/C

C.V.U.

