

**Application Form**

**POSITION: Assistant Psychologist/ Researcher**

In the initial consideration of candidates for this position in Parents Plus the information supplied in this application form plays a significant part in determining who should attend for interview.

Information given will be used only for the purposes of this application and will be treated in a confidential manner. The application form will be a part of the selection criteria.

It is in the candidate’s interest to complete this application form clearly and be written with understanding, accuracy and legibility. **All sections of the form must be completed.** You can expand the boxes in the form to fill in as much detail as you feel is necessary.

**Instructions for applying:**

1. The completed application form must be returned so as to arrive **not later than Monday, 16th July 2018.** Application forms received after the deadline date and time will not be accepted.
2. Completed applications must be returned via post to the address below or via email to [sinead@parentsplus.ie](mailto:sinead@parentsplus.ie)

Sinéad Vaughan

Parents Plus

The Mater Hospital

Eccles Street

Dublin 7

1. Postal applications should be posted to arrive with Parents Plus on or before the date shown above.
2. Interviews are currently scheduled to take place on **Wednesday or Thursday 25th and 26th July 2018 in the Mater Hospital** and candidates must be available to **start work immediately.**

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| --- | --- |
| **Position Applied For** |  |

**SECTION 1 – PERSONAL DETAILS**

|  |  |  |
| --- | --- | --- |
| **Title *(Mr, Mrs etc.)*** | **Name** | **Surname** |
|  |  |  |
| **Address** | **Contact details** | |
|  | **Phone:**  **Email:** | |

**SECTION 2 – QUALIFICATIONS**

|  |  |  |  |
| --- | --- | --- | --- |
| **EDUCATIONAL QUALIFICATIONS**  *Please give details of your* ***qualifications starting with the most recent****, i.e. degree and/or post graduate diplomas, masters, certificates, training courses, professional qualifications etc.* | | | |
| **Dates Attended**  **(to and from)** | **School/College/Institute Attended** | **Course Pursued** | **Result/Grade** |
|  | | | |

**SECTION 3 – INFORMATION TECHNOLOGY**

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| **INFORMATION TECHNOLOGY**  *Please describe below how your level of skill and experience meets the essential IT requirements for the role.* |
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**SECTION 4 – EMPLOYMENT HISTORY**

|  |  |
| --- | --- |
| **MOST RECENT EMPLOYMENT POSITION**  *For your current or most recent employment position, please provide the following details.* | |
| **Name of Employer (please also describe the nature of the business)** |  |
| **Address and Tel number** |  |
| **Position Held** |  |
| **Describe main duties and responsibilities** |  |
| **Date of Appointment** |  |
| **Salary** |  |
| **Reason for leaving** |  |
| **If appointed what level of notice is required** |  |

**SECTION 4 – EMPLOYMENT HISTORY CONTINUED**

|  |  |  |
| --- | --- | --- |
| **PREVIOUS EMPLOYMENT**  *Please give particulars of all full time employment since your full time education, starting with the appointment immediately preceding that described above.* | | |
| **Dates worked there**  **(from and to)** | **Name and Address of Employer** | **Position Held and Main Responsibilities** |
|  | | |

**SECTION 5 – ADDITIONAL INFORMATION**

The following section asks you to provide an overview of how you meet the skills and experience in relation to the current Parents Plus application.

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| **QUALIFICATIONS**  *Please outline how your qualifications meet the requirements for the post.* |
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| **KNOWLEDGE AND EXPERIENCE**  *Please outline how you meet the knowledge and experience requirements that are essential and desirable for this role in Parents Plus.* |
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| **MOTIVATION**   1. *What is your motivation to work for Parents Plus?* 2. *Why do you want to work within this particular role?* |
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| --- |
| **OTHER INFORMATION**  *Please outline your hobbies and interests and any other information that you think is relevant to your application.* |
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**SECTION 6 – REFEREES**

|  |  |  |  |
| --- | --- | --- | --- |
| **REFEREE INFORMATION** | | | |
| **Name** | **Organisation and position held** | **Relationship to you** | **Contact details** |
|  |  |  | **Phone:**  **Email:** |
|  |  |  | **Phone:**  **Email:** |
|  |  |  | **Phone:**  **Email:** |
| *We will notify you before contacting any of your referees outlined above.* | | | |

**SECTION 8 – DECLARATION AND SIGNATURE**

I hereby certify and declare that:

* All of the information that I have provided on this application has been honestly and accurately articulated to the best of my knowledge and belief.

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Please ensure that you have provided all of the information for which you have been asked.

**The completed form should be returned to:**

Sinead Vaughan

Parents Plus

The Mater Hospital

Eccles Street

Dublin 7

**Or via email to** [**sinead@parentsplus.ie**](mailto:sinead@parentsplus.ie) **by Monday, 16th July 2018.**

Thank you for taking the time to complete this application form and for your interest in Parents Plus. For further information on the organisation, please visit [www.parentsplus.ie](http://www.parentsplus.ie)