**Application Form**

**Patron’s Secretary for Primary Schools – Diocese of Kildare and Leighlin**

**(Part-time, 20 Hours per week)**

**Application Procedure**

* For a full Job Description for this position email [maeve.mahon@kandle.ie](mailto:maeve.mahon@kandle.ie)
* The closing date for receipt of completed applications is 5.00 pm on Thursday 27th April 2017.
* Late or incomplete applications will not be accepted.
* Shortlisting will apply.
* Shortlisted candidates will be notified by telephone by Monday 8th of May 2017.
* Interviews will be held on Wednesday 17th of May 2017.
* Canvassing will disqualify.

## Personal Details

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname:** |  | **First name:** |  |
| **Preferred email address:** |  | **Preferred mobile phone contact number:** |  |
| **Address (for correspondence purposes):** | | | |

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| --- | --- | --- | --- |
| **Are there any restrictions on your right to work and live in Ireland?**  Tick “Yes” or “No” and If “Yes”, please give details: | | **Yes** | No |
|  |  |
| **If successful in your application, how many weeks’ notice would your current employer require?** |  | | |

## Education and Training

|  |  |  |  |
| --- | --- | --- | --- |
| **Second Level Education** | | | |
| **School Attended** | **Examinations Successfully Taken** | | **Year of Completion** |
|  |  | |  |
| **Third Level Education (College/University/Other Third Level Institution)** | | | |
| **Name of Institution** | **Title of Award/Qualification** | | **Year of Completion** |
|  |  | |  |
| **Other Relevant Training and Development** | | | |
| **Course Provider** | **Title of Award/Qualification Received** | **Duration of Course** | **Year of Completion** |
|  |  |  |  |

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| --- | --- | --- | --- | --- |
| **IT Training and Proficiency** | | | | |
| ***Software package*** | **Limited proficiency** | **Moderate proficiency** | **High Proficiency** | **Qualification [if any]** |
| **MS Word** |  |  |  |  |
| **MS Excel** |  |  |  |  |
| **MS Access** |  |  |  |  |
| **MS PowerPoint** |  |  |  |  |
| **Other? (name)** |  |  |  |  |

## Memberships of Boards, Professional Bodies and Associations

If you are a member of any boards, professional bodies or associations please provide details here.

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| **Name of board, professional body or association** | **Your current role** |
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## Employment Record

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| --- | --- | --- |
| **Please start with your most recent or current employment:** | | |
| **Name and address of employer:** | **Job title:** | |
| **From:** | **To:** |
| **Number of hours per week:** | |
| **Reason for leaving:** | |
| **Briefly describe your responsibilities and achievements:** | | |

|  |  |  |
| --- | --- | --- |
| **Other Previous Employment** | | |
| **Name and address of employer:** | **Job title:** | |
| **From:** | **To:** |
| **Number of hours per week:** | |
| **Reason for leaving:** | |
| **Briefly describe your responsibilities and achievements:** | | |

|  |  |  |
| --- | --- | --- |
| **Name and address of employer:** | **Job title:** | |
| **From:** | **To:** |
| **Number of hours per week:** | |
| **Reason for leaving:** | |
| **Briefly describe your responsibilities and achievements:** | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Other Previous Employment** | | | | |
| **Name of employer** | **Position held** | **From** | **To** | **Reason for leaving** |
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## Competencies

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| **1. Mediation and Group Facilitation**  Please give at least one example of where and how you have used your mediation and or group facilitation skills. Describe the situation and the actions that you took and outline the results you achieved (maximum 200 words). |

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| **2. Written Communications**  Please tell us about your experience of writing documents such as business letters, policies and procedures and reports (maximum 200 words). |

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| **3. Your suitability**  Please tell us why you are applying for this position (maximum 100 words).  Outline the skills and strengths that you would bring to the position (maximum 200 words). |

## References

Please provide names, addresses and telephone numbers of two referees, one of whom must be your current or most recent employer. Please note that KandLe will not seek references without your prior approval.

|  |  |  |
| --- | --- | --- |
|  | **Referee 1** | **Referee 2** |
| **Name** |  |  |
| **Title** |  |  |
| **Address** |  |  |
| **Phone** |  |  |
| **In what capacity do you know this person?** |  |  |

## Declaration

I understand that by submitting my completed Application Form I am declaring that I have read the Job Description (and any other information issued by KandLe in relation to this position) and that I can meet the requirements of the position.

I certify that the information I have provided in this Application Form is accurate and complete to the best of my knowledge.

I understand that any false information that I knowingly provide could lead to an offer of employment being withdrawn or, if employed by KandLe, to my dismissal.

Name:

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Date:

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