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**Croagh Patrick Path Trainee**

* Please refer to the information within the Job Specification for this post regarding eligibility for the post
* The application form, when completed, save as a PDF file, { YOUR NAME\_TRAINEE }

This should be emailed directly to: [croaghpatricksg@gmail.com](mailto:croaghpatricksg@gmail.com)

* on or before **5 pm, Thursday 10th September 2020**

**PERSONAL DETAILS:**

|  |  |
| --- | --- |
| **NAME IN FULL** |  |
|  |  |
| **PRESENT ADDRESS** |  |
|  |  |
| **EIRCODE** |  |
|  |  |

|  |  |
| --- | --- |
| CONTACT DETAILS  (Notify any change at once) | Home No:  Mobile No:  Email: |

**EDUCATION:** Please outline the highest level of education achieved.

Primary  Group Cert  Inter/Junior Cert  Leaving Cert  Third Level  Trade

|  |  |
| --- | --- |
| School / College Attended |  |

|  |  |
| --- | --- |
| Address |  |

|  |  |
| --- | --- |
| Dates attended |  |

Did you graduate? Yes  No

|  |  |
| --- | --- |
| Final Qualification |  |

**TRAINING & CERTIFICATION**

1. It is ***desirable*** but not necessary to have satisfactorily completed one or more of the following courses.
2. Please note all certs must be valid at the latest date of receipt of application.
3. Please tick the courses you have completed and the date until which they are valid.

**DRIVING LICENCE:**

Do you hold a valid full Irish driving license? Yes  No

|  |  |  |
| --- | --- | --- |
| **Course** | **Yes** | **Valid until** |
| Safe Pass |  |  |
| Manual Handling |  |  |
| Safe System at Work Plan (SSWP) |  |  |
| First Aid |  |  |
| Other (please specify below) |  |  |
|  |  |  |
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**EMPLOYMENT HISTORY**

**IMPORTANT:**

Please ensure you list all your career history in the table below, starting with ***your most recent*** employment and working backwards ***until you left full-time education***. This information is essential to provide us with an overview of your work career to date. If at any stage you were not employed, please describe your situation at the time e.g. Unemployed, Career break, Return to education.

|  |  |  |  |
| --- | --- | --- | --- |
| From: | To: | Duration in months: |  |
| Employer Name & Address |  | | |
| Position Held: |  | | |
| Reason For Leaving: | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| From: | To: | Duration in months: |  |
| Employer Name & Address |  | | |
| Position Held: |  | | |
| Reason For Leaving: | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| From: | To: | Duration in months: |  |
| Employer Name & Address |  | | |
| Position Held: |  | | |
| Reason For Leaving: | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| From: | To: | Duration in months: |  |
| Employer Name & Address |  | | |
| Position Held: |  | | |
| Reason For Leaving: | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| From: | To: | Duration in months: |  |
| Employer Name & Address |  | | |
| Position Held: |  | | |
| Reason For Leaving: | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| From: | To: | Duration in months: |  |
| Employer Name & Address |  | | |
| Position Held: |  | | |
| Reason For Leaving: | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| From: | To: | Duration in months: |  |
| Employer Name & Address |  | | |
| Position Held: |  | | |
| Reason For Leaving: | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| From: | To: | Duration in months: |  |
| Employer Name & Address |  | | |
| Position Held: |  | | |
| Reason For Leaving: | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| From: | To: | Duration in months: |  |
| Employer Name & Address |  | | |
| Position Held: |  | | |
| Reason For Leaving: | | | |

**DETAILS OF WORK EXPERIENCE / INTEREST RELEVANT TO THE ROLE OF TRAINEE**

The following is a list of duties you may be required to carry out as a Trainee in Pathwork

To help us assess your suitability for the post, please tick**Yes**where you have had an experience of the duty outlined giving the following details in bullet point format:

* Dates, Employer, Type of work being carried out and Your role at the time.

1. Do you have experience of **Stone Work**? YES  NO
2. Do you have experience of **The Upland Environments**? YES  NO

|  |  |  |  |
| --- | --- | --- | --- |
| **Duty** | **Yes** | **No. of months** | **Detail of experience** |
| Drainage using stone |  |  |  |
| Stone Wall building & Repair |  |  |
| Planting & plant care |  |  |
| Working in Upland Environments |  |  |
| Hillwalking |  |  |
| Other (please specify) |  |  |
|  |  |  |

|  |
| --- |
| Please give below any other relevant information in support of your application (e.g. other relevant skills, knowledge, or experience) |
|  |

**REFEREES:**

Give names and addresses of two responsible persons, to whom you are well known but not related (if you are or have been in employment, referees should be from existing employers)

Please complete in BLOCK CAPITALS

|  |  |  |  |
| --- | --- | --- | --- |
| Referee 1: |  | Referee 2: |  |
| Position held: |  | Position held: |  |
| Address: |  | Address: |  |
| Contact tel. number: |  | Contact tel. number: |  |
| Email: |  | Email: |  |
| Relationship: |  | Relationship: |  |

Will you be able to attend for interview in Westport, County Mayo, in line With Covid-19 Guidelines?

YES  NO

Or

Will you require online facilities for an interview?

YES  NO

If successful can you join the team in early October 2020?

YES  NO

Have you any objections to the Interview Panel contacting your present and/or previous employers?

YES  NO

**Special Requirements:**

Please detail any special needs or requirements you may have, and how these can be facilitated during the recruitment process.

**Declaration:**

I hereby declare that I have complied with all the requirements on the attached checklist and all the particulars furnished in connection with 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 will render me liable to automatic disqualification or render me liable to dismissal if employed.

I hereby authorise The Directors of The Croagh Patrick Stakeholder CLG to seek any additional information they may require in connection with my application for the post.

**Signature of applicant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**