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**DUBLIN 15. COMMUNITY DRUG TEAM CLG (D.15 CDT)**

**APPLICATION FORM**

Closing date for application form submission is: **5.00p.m. Friday 28th of March 2025**

Please mark for the attention of **Gary Mc Neill Service Administrator,** [**gary@d15cdt.ie**](mailto:gary@d15cdt.ie) **D.15 Community Drug Team CLG**. Parslickstown House, Mulhuddart, Dublin 15. D15X2VW

Applicants are expected to be available for interview **week beginning Monday 7th of April 2025**

***Entries on this form should be typewritten, if possible, or BLOCK PRINTED in black ink if handwritten.***

# Post applied for: **Project** **Worker**

**Full Name: …………………………………………………………………………..**

**Home Address ……………………………………………………………………...**

**………………………………………………………………………………………...**

**……………………………………………………………Tel No.: …………………**

**Current Work Tel No.: ………………………………..**

**May we contact you at work (with discretion)? Yes/No**

**Do you require a work permit to work in our organization Yes/No**

**Present Position & Main Duties and Responsibilities:**

**………………………………………………………………………………………...**

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**Education History**

***Second & Third Level***

|  |  |  |  |
| --- | --- | --- | --- |
| **School or College**  **Attended** | **Period**  **From To** | **Qualification**  **Obtained** | **Date Obtained** |
|  |  |  |  |

**Employment History to Date (starting with most recent employer)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates**  **From To** | **Employers**  **Address** | **Post held & main duties undertaken** | **Salary & reason for leaving** |
|  |  |  |  |

**Voluntary Work/Student Placements to Date**

|  |  |  |  |
| --- | --- | --- | --- |
| Dates **From To** | **Name of Organization** | **Main duties and**  **Responsibilities** | **Reason for**  **Leaving** |
|  |  |  |  |

**Short Courses, Training Days Undertaken to Date**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of course** | **Facilitating group** | **Content of course** | **Benefit to you** |
|  |  |  |  |

*Should you wish to provide additional information to your education or employment history, please include one page only and attach securely to this application form.* ***Curriculum Vitae will not be accepted***

**Reason for Application**

**Please state clearly, paying particular attention to the essential and desirable criteria in the Job Description, why you feel you are appropriate for the post in question.**

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**Referees:**

Please give the name, address and occupation of two referees who are previous employers, one of whom should be your most recent employer.

**1. ………………………………………… 2. ………………………………………….**

**………………………………………… ………………………………………….**

**…………………………………………. …………………………………………..**

**…………………………………………. …………………………………………..**

**Position ……………………………… Position…………………………...**

**Telephone no:…………………………… Telephone no:………………………..**

**Relationship …………………………….. Relationship …………………………..**

**to You to You**

**Please note: -**

* **Short listing will apply.**
* **References may be requested on shortlisted candidates.**
* **The holder of this post will be subject to satisfactory Garda Vetting procedures.**
* **The position will be offered to the successful candidate subject to positive references.**

**Notice required by present employer: ………………………………………….**

**Any other relevant information: ………………………………………………..**

**……………………………………………………………………………………..**

**……………………………………………………………………………………..**

**Where did you see this post advertised: ………………………………………..**

***Please note that the onus is on the applicant to ensure that completed application forms are received on or before the closing date. Applications received after the closing date will not be included in the competition.***

***Incomplete, illegible and /or unsigned applications will be rendered invalid. If the application is made via e-mail you must sign this form in the event of being called for an interview. Curriculum Vitae`s will not be accepted and will not be returned to you.***

**I certify that the information I have given on this application form is accurate to the best of my knowledge and belief. I agree if successful to undergo Garda Vetting procedures.**

**Signed …………………………………………… Date …………………………**

**Please return this completed application form along with a cover letter to:**

Gary Mc Neill Service Administrator.

Dublin 15 Community Drugs Team CLG **(D.15 CDT**)

Parslickstown House, Ladyswell, Mulhuddart, Dublin 15. D15X2VW

or

via email to Gary Mc Neill at [gary@d15cdt.ie](mailto:gary@d15cdt.ie)

**No later than 5.00 p.m. on Friday 28th of March 2025**

*‘Many Communities one vision a better future’*

*Dublin 15 CDT thanks you for your interest and time undertaken to apply.*