**Guidelines:**

Before completing this form please note:

* The majority of this work will take place in the evenings and weekends
* All sections of this form should be fully completed
* Please complete the form accurately, giving as much detail as possible of your skills and experience relating to this job application as shortlisting will be based on the information provided.
* Please ensure that the form is returned by the closing date/time **4pm on Wednesday 30th of April 2025.**
1. **PERSONAL**

|  |  |
| --- | --- |
| * 1. First name:
 |  |
| * 1. Last name
 |  |
| * 1. Address:
 |  |
| * 1. Telephone:
 |  | * 1. Mobile:
 |  |
| 1.6 Email address: |  |
| 1.7 Current position: |  |

1. **QUALIFICATIONS (Desirable)**

Please add more lines if required

|  |  |  |
| --- | --- | --- |
| Course Title  | University / College / school | Year of Graduation |
|  |  |  |
|  |  |  |
|  |  |  |

1. **ADDITIONAL TRAINING & DEVELOPMENT**
	1. List any courses not included in Section 2 above. Please include dates of the relevant training and duration of these courses as well as additional qualifications.

Start with the most recent and work backwards. Please add more lines if required

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Course | Name of Organisation/Institution running course | Duration | Date(s) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

* 1. Please detail your experience, training and knowledge of computers, and Social media.

|  |
| --- |
|  |

1. **WORK EXPERIENCE**

Please add more lines if required- Most recent first

|  |  |
| --- | --- |
| 1. **Current or most recent Employer:**

Company name & address  | Nature of Business: |
| Job title held: Role & Responsibilities: |
| Dates Employed:From: To:  | Length of Service:.............years............months |
| 1. **Previous Employer:**

Company name & address  | Nature of Business: |
| Job title held: Role & Responsibilities: |
| Dates Employed:From: To:  | Length of Service:.............years............months |
| 1. **Previous Employer:**

Company name & address  | Nature of Business: |
| Job title held: Role & Responsibilities: |
| Dates Employed:From: To:  | Length of Service:.............years............months |
| 1. **Previous Employer:**

Company name & address  | Nature of Business: |
| Job title held: Role & Responsibilities: |
| Dates Employed:From: To:  | Length of Service:.............years............months |

1. **ADDITIONAL INFORMATION (NOT ALREADY MENTIONED) TO SUPPORT YOUR APPLICATION – Not more than 200 words.**

|  |
| --- |
|  |

1. **REFERENCES**

Please supply the names and contact details of two referees, at least one of whom must know you in a professional capacity. In addition, references may be sought from your present/former employers if not listed below.

* 1. **First Referee**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Telephone/Mobile: |  |
| Email address: |  |
| What is your relationship with this person? |  |

* 1. **Second Referee**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Telephone/Mobile: |  |
| Email address: |  |
| What is your relationship with this person? |  |

1. **DECLARATION AND SIGNATURE**
* You are required to sign the declaration below certifying that all information you have provided is accurate.
* Brookfield Youth and Community Centre may wish to check any of the details you have provided.
* Providing incorrect information or deliberately concealing any relevant facts may result in disqualification from the selection process or, where discovery is made after an appointment, in summary dismissal.

I declare that the information supplied in this application form is accurate and true.

 Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Completed Applications should be returned to** reception@brookfieldycc.ie

**No later than 4pm on Wednesday the 30th of April 2025.**

**Late applications will not be accepted.**