Job Application form

Position:	Childcare Leader.		
Closing date for receipt of applications: XX,	ations: XX/MM/YYYY		
Return to:			
Surname:	First name:		
Address:			
Telephone Number:			
Mobile Telephone Number:			
Email address:			

General Education.(Primary and Secondary)

School Attended	From	to	Examinations	Result.

Relevant Education/Third Level ed./Accredited Training.

Name of course.	Name of college or institution (part-	Year	Duration of course.	Result and Accrediting body
	time/full-	· ·		(e.g. FETAC, HETAC
	time/correspondence			etc.)
	or other)			

Employment history (starting with most recent) (Please attach additional page if required)

Dates. From to	Name and address of employer	Job title	Duties and Responsibilities	Reason for leaving or wanting to leave

Training

Name

Give details of any specialised training received or courses attended Year

		•	•		
What do you consider the mo	ost important aspe	ects of being a ch	ildcare leade	er?	
•		J			
How do you feel about d	lirecting other st	taff members a	nd also tal	ing direction f	from
nanagement?	meeting other st	tan members a	ina albo tal	ang anection i	
nanagement:					
			-		
Please describe what you kno	w about the Pre-	School Regulatio	ns 2006.		
Please indicate how you m	eet the essentia	I and desirable	criteria as	set out in the	perso
Please indicate how you mage		4000007 4000			-
Please indicate how you mapecification form and outline		4000007 4000			-

Duration of course

Accredited by?

References

Please give the names addresses, and phone numbers of two persons who are in a position to comment on your professional work ability (references will not be taken without clarification/confirmation with you in the first place)

Name:	Name:	
Address:	Address:	
Telephone Number:	Telephone Number:	
Position:	Position:	
	oyer, do we have your permission to contact them? Yes No	
	=	
Do you have full clean driving license?	Yes	
Do you have the use of a car?	Yes No	
Are you aware that if you are successful full Gar	rda clearance is required?	
	Yes	
If you are successful at the next stage when wo	uld you be available to start?	
DECLARATON		
I hereby declare that, that the information given in this form is true and correct and give my permission for enquiries to be made to establish such matters as age qualifications, experience and character and for the release by other people or organizations of such information as may be necessary for that purpose. This may include enquiries from past/present employers and the submission of the application is taken as consent to this.		
Signature:		
Date:		