Application Form						
Principal Social Worker in the Adoption Authority of Ireland						
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1. Personal Details: Please fill in all fields						
Title: (Mr/Mrs/Ms):	Surname:	Forename(s) in full:				
Postal Address						
Contacts: Mobile Number:	Email:					
Work Permit, are there any legal restrictions on your right to work in this country?						
Please answer Yes or No . If yes, ple		ins country:				
rease answer res or two. If yes, pi	case supply actums.					
Have you previously availed of a V	oluntary Early Retirement Scheme	or any other Redundancy Scheme				
in the public sector? Please answe	•	,				
If yes, do the terms of the scheme	allow you to apply for this position	? Please answer Yes or No.				
2. Qualifications: Please	e provide details of any relevant qua	alifications you may hold				
Membership of Professional						
Associations						
Academic, Professional or						
Technical Qualifications						
Relevant training courses						
attended						
• •	Most recent employment position					
	nployment position, please provide	the following details.				
Name of Employer						
(please also describe the nature						
of the business).						
Address and telephone number						
Position held						
r osition neid						
Describe main duties and						
responsibilities						
·						
Date of appointment	From	То				
Reason for leaving						
If appointed what level of notice is required?						

Previous Employment Please give particulars of all employment starting with the appointment immediately preceding that described above				
	ō	Employer Name and Address	Position held and main responsibilities	Reason for Leaving
		7.ddi ess	responsibilities	
4. Key Achie	ever	nents		
relation to the essential and desirable criteria in the job and personal descriptions. Candidates should refer to the specific criteria for the job for which they are applying and demonstrate their ability to meet same. Max 250 words for each competency. CORU REGISTRATION Please provide your CORU Registration Number				
Experience in line management role:				

Experience of supervision of social work practice:		
Experience of management in adoption, child and family or similar social service:		
Details of other relevant specialist knowledge, expertise and self-development:		

5. REFERENCES: Please provide details of two people who know you and from whom references may be obtained. It is preferable that at least one reference be from a person who knows you in a work context.				
Referees name				
1. Referees fiame				
Position				
Nature of relationship (can				
include work colleague,				
manager, chair of sporting				
organisation).				
Address				
Telephone Numbers				
rerephone ivambers				
Email				
2. Referees name				
Position				
Nature of relationship				
Address				
Telephone Numbers				
Email				
DECLARATION				
I hereby certify and declare that a	Il of the information that I have provided on this application has been			
	d to the best of my knowledge and belief.			
Name of Applicant				
The state of the s				
Signature				
Date				
Please ensure that you have provi	ded all of the information for which you have been asked. A			
candidate found to have given false information or to have wilfully supressed any material fact will be				
liable to disqualification or, if appointed, to dismissal.				
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Please note that all personal data shall be treated as confidential in accordance with General Data				
Protection Regulations.	Shall be treated as communitial in accordance with General Data			
occours regulations.				