



Cork Centre for Independent Living Limited

Application Form

Post: Personal Assistant - Adult Services

PLEASE READ CAREFULLY. SELECT FILL & SIGN OPTION. COMPLETE ALL SECTIONS TYPE DIRECTLY ON THE FORM THEN DOWNLOAD /PRINT TO SAVE AND SEND OR PRINT A BLANK FORM AND COMPLETE. USE BLACK /BLUE INK & CLEAR HANDWRITING:

ALL FIELDS ARE MANDATORY. IF A FIELD DOES NOT APPLY TO YOU, PLEASE WRITE N/A

INCOMPLETE APPLICATIONS CANNOT BE SHORTLISTED

PLEASE CONFIRM YOU HAVE READ THE FULL JOB DESCRIPTION FOR THE ROLE FOR WHICH YOU ARE APPLYING

Name:			
Address:			
Phone No:		e-mail:	

Do you drive?		Yes	No
Do you have the use of a vehicle?		Yes	No
What type of licence do you hold?	B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> D1 <input type="checkbox"/> other: <input type="checkbox"/>		

Garda Vetting / Police Check

This post requires the applicant to undergo Garda Vetting. If successful at interview you will be required to complete the Garda Vetting Form.

If you have resided in countries outside of the Republic of Ireland and Northern Ireland for a period of 6 months or more, it will be mandatory for you to furnish Cork CIL with a Police Clearance Certificate from those countries stating that you have no convictions recorded against you while residing there. You will need to provide a separate Police Clearance Certificate for each country you have resided in. Clearance must be dated after the date you left the country/countries. Seeking security clearances from other countries (e.g. UK, USA etc) are the responsibility of the candidate. It is a process which can take an amount of time. If you are interested in pursuing a career within Cork CIL, we would strongly advise that you commence seeking international security clearances now.

If you require overseas security clearance and are unable to produce it at the time of job offer, then the job offer may be withdrawn.

Do you require a permit to work in the State?	Yes	No
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In general, non-EEA nationals must have an employment permit to work in Ireland. Under the Employment Permits Acts 2003–2014 there are 9-nine types of employment permit. If you require an employment permit, please state **clearly which permit you hold** and its **expiry date**. If invited for interview you will be required to bring your employment permit with you to be checked by a member of staff

Employment Permit		Expiry Date
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Do you have QQI Level 5 Healthcare or equivalent? Yes No

Education (school, college, university -most recent first) – Include all major awards including QQI [FETAC] awards. *If you have commenced and not yet completed QQI level 5 major award list the modules successfully completed.*

Qualification	Institution:	Year

Relevant Short Courses / Training - please write N/A if

Qualifications	Yes	No	Institution/ Trainer	Year
Manual Handling				
Patient Handling				
Hoist Training				
Occupational First Aid - full course				
Occupational First Aid - refresher				
Infection Control				
Vulnerable Adult Protection				
Children First				
MAPA				
ECDL				
Others list:				



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This role may involve intimate personal care including toileting; do you have experience? Yes No

This role may involve use of a hoist; do you have experience? Yes No

Relevant Online /Covid-19 Related Training

Qualifications	Yes	No
HSELand Breaking the Chain of Infection		
HSELand Introduction to Infection Prevention and Control		
HSELand Hand Hygiene for Clinical Staff		
HSELand Hand Hygiene for Non-Clinical Staff		
HSELand Putting On & Taking Off PPE		
HSELand Safeguarding Induction		

Please note - all of the above online/Covid-19 related training must be completed prior to commencing work. If you have not already completed them, you will be asked to do so before commencing work with us.

Employment - (start with the most recent). If you have relevant work experience including volunteering list, it includes it here.

Employer	Paid	Not paid	Role & Responsibilities	From Date	To Date	Hours p.w.



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Please share any further information that will support your application Remember to tell us about your experience of working or volunteering with people with disabilities. Attach additional pages if necessary.

References:

A minimum of 3 references are required. One should be your current or last employer. [You must have the consent of your referees before you include their details.] Referees will not be contacted without your prior knowledge.

Name: _____

Position: _____

E - Mail _____

Contact No: _____

Name: _____

Position: _____

E - Mail _____

Contact No: _____

Name: _____

Position: _____

E - Mail _____

Contact No: _____



Cork Centre for Independent Living Limited

Privacy & Data Protection

Cork CIL collects, stores and uses personal and sensitive data adhering to legal and statutory requirements Cork CIL undertake to ensure that your data is:

- Processed fairly, lawfully and transparently
- Used only in ways, which are compatible for the purpose for which it is given
- Accurate and up to date
- Adequate, relevant and limited to what is necessary for the purpose for which it is given and only kept for specified, explicit and legitimate purpose(s)
- Retained no longer than necessary
- Kept safely

Cork CIL Privacy & Data Protection Policies can be viewed on our website www.corkcil.ie

Please read the following statement carefully. Your signed consent is required for us to proceed with your application.

STATEMENT FOR APPLICATION FORM RE DATA PROTECTION

I declare that all information given by me is correct. I have completed the application form in full. I have checked these details are correct.

I confirm I have the permission of the referees I have provided on this form to pass their personal details to you.

I understand and agree to Cork CIL using this and other data to create and maintain records on me and for statistical purposes in accordance with the prevailing statutory and legal frameworks.

I agree that this information will be kept for the duration of the recruitment process and for a period thereafter.

Should I be employed I agree that this information will be kept for the duration of my employment and for a period following this.

I am aware I have the right to request a copy of the data held on me

Signature: _____ Date: _____

Print name: _____