

**APPLICATION FOR EMPLOYMENT**

**Notes**

Your application will be assessed on this basis of this application form and a cover letter only; CVs will be disregarded if submitted.

Typed application forms only will be accepted.

You must complete all sections; state N/A if any details are not applicable to you.

Insert as many additional sheets/lines as necessary to answer each question fully, but please use the format provided in each section.

You must also submit a cover letter outlining your motivation, suitability and aptitude for the position of IFPA Crisis Pregnancy Counsellor as outlined in the job description.

**Where did you hear about this position? (Please circle)**

IFPA website

Twitter

Facebook

Active link

Other (please specify)

**1. ELIGIBILITY TO WORK**

|  |  |
| --- | --- |
| **Do you have a legal entitlement to work within Ireland?** | Yes / No |
| **Are you a citizen of the EEA (other than Bulgaria or Romania)?** | Yes / No |
| If no, you must ensure that you comply with current regulations set by the Department of Enterprise Trade and Employment for legal residency in the State and forward a copy of **both** of the following with this application form.  1) Certificate of registration issued by the Garda National Immigration Bureau  2) Passport endorsed with appropriate permission to remain in the State | |

**2. PERSONAL DETAILS**

|  |  |
| --- | --- |
| **Forename** |  |
| **Surname** |  |
| **Address** |  |
| **Telephone** |  |
| **Email** |  |

|  |
| --- |
| **Please give a brief outline of what you see as the key issues pertaining to pregnancy counselling. Please include in your brief outline how you would manage the particular challenges in this role.** |

**3. UNDERSTANDING OF SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS**

**4. EMPLOYMENT/WORK EXPERIENCE**

**Current employment. Copy the table below for each employer.**

|  |  |
| --- | --- |
| **Organisation/company name & town/city** |  |
| **From (MM/YY) to (MM/YY)** |  |
| **Position title** |  |
|  |  |
| **Reason for leaving** |  |

**All other previous employment. Copy the table below for each employer.**

|  |  |
| --- | --- |
| **Organisation/company name & town/city** |  |
| **From (MM/YY) to (MM/YY)** |  |
| **Position title** |  |
| **Main duties and responsibilities** |  |
| **Reason for leaving** |  |

**Please describe any other relevant work you have been involved in e.g. internships, voluntary work etc. Copy the table below as many times as necessary.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Organisation/company name & town/city** |  | | |
| **From (MM/YY) to (MM/YY)** |  | **Hours per week** |  |
| **Description** |  | | |

**5. EDUCATION, QUALIFICATIONS AND TRAINING**

**Give details of your education, qualifications and training to date, beginning with the most recent.** Include titles of any post-graduate theses where relevant. Copy the table below for each course of study; add additional lines as necessary to the sections on professional qualifications and training.

|  |  |
| --- | --- |
| **Educational institution** |  |
| **From (MMYY) to (MM/YY)** |  |
| **Course of study** |  |
| **Award received/result** |  |

**Professional Qualifications Year**

|  |  |
| --- | --- |
|  |  |

**Accrediting Body Year**

|  |  |
| --- | --- |
|  |  |

**Additional training (including employment based training) Year**

|  |  |
| --- | --- |
|  |  |

**6. ADDITIONAL INFORMATION**

|  |
| --- |
|  |

**7. REFERENCES**

**Please give the name and details of two referees who would be in a position to assess your skills, knowledge and aptitude for this post, preferably previous employer(s).**

Note: an employer’s reference will be required before appointment. References should not be submitted with this application form. We will not contact referees without your prior permission.

|  |  |
| --- | --- |
| **Name** |  |
| **Organisation** |  |
| **Position** |  |
| **Telephone** |  |
| **Email** |  |

|  |  |
| --- | --- |
| **Name** |  |
| **Organisation** |  |
| **Position** |  |
| **Telephone** |  |
| **Email** |  |

**8. NOTICE PERIOD**

|  |  |
| --- | --- |
| **If successful when would you be able to start?** |  |

**9. DECLARATION**

I confirm that the information given on this form is, to the best of my knowledge, true and complete.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Date** |  |