

Donegal Centre for Independent Living



Ballymacool House, Ballymacool, Letterkenny, Co. Donegal, F92 YY01
 Tel: 074 9128945 Email: dcil@donegalcil.com www.donegalcil.com
 Charity No. CHY 16580 Company No. 352126

Personal Assistant Application Form

PART 1. PERSONAL DETAILS					
Title: Mr/Mrs/Miss		First Name(s):		Surname:	
Full Postal Address:					
Home Tel Number:		Mobile No:	Date of Birth:		PPS Number:
Email Address: (PLEASE PRINT)			Confirm Email Address: (PLEASE PRINT)		
What job are you applying for?			How/where did you find out about this job?		
	Yes	No		Yes	No
Do you have a full current driving licence?			Do you have use of a vehicle for work?		
Do you require a work permit for Ireland?			Are you able to work flexible hours?		
If you have a disability and require any special arrangements to facilitate you at interview, please state requirements:					

****If the job offered requires the use of your own vehicle during working hours your motor insurance company must provide DCIL with an Insurance Indemnification.**

PART 2. REFEREES (Please provide two Employer referees)	
Name:	Name:
Company:	Company:
Job Title:	Job Title:
Address:	Address:
Tel No (Daytime):	Tel No (Daytime):
Email Address:	Email Address:

PART 3. EMPLOYMENT		
Name and Address of Present Employer:		
Tel No:	Date Started Employment:	Your Job Title:
Give a brief description of duties and responsibilities relevant to the job:		
What is/are your reason(s) for leaving the job?		

PART 4. PREVIOUS EMPLOYMENT (Include voluntary work/career breaks/periods of unemployment)			
Name and Address of Employer:	Dates employed (DD,MM,YYYY)		Position held. List your job titles and main duties. Reasons for leaving.
	From	To	

PART 5. QUALIFICATIONS (If none, write 'none')			
Title of Qualification & Name of Professional Body:	Level:	Grade Achieved:	Date Passed:

PART 6. EXPERIENCE AND SKILLS
Identify skills, experience and knowledge needed for the post you have applied for and demonstrate how these past experiences, knowledge and skills are relevant for the post:

PART 7. HEALTH SCREENING RECEIVED		
Please list all health screening/vaccinations you have received within the last 5 years:	Please state where you obtained from (GP, HSE, other Employment):	Date Received:

PART 8. CONVICTIONS/OFFENCES (You cannot leave this section blank – you must state None or give details of previous convictions/offences)
List details of all charges, prosecutions, convictions, cautions, bind-over orders – even if they happened long ago. Include any that may be pending, minor matters, and any road traffic or motoring offences:

PART 9. DECLARATION AND SIGNATURE (Please read and sign)
<p>I declare and understand that all information given on this form is true, complete and accurate. If I give incorrect or leave out important information, it may lead to my dismissal if I've taken up the job on the basis of false/misleading information. I give my consent to any Garda clearance checks required and I understand that to take up this job I must have satisfactory references and Garda clearance checks.</p> <p>I understand that I will be required to produce identification and evidence of qualifications entered on this form. I confirm that as far as I'm aware there are no medical reasons which would prevent me carrying out the duties of this job.</p> <p>I agree to DCIL making any necessary enquiries to the Referee contacts I've provided. I understand that canvassing will disqualify me from the selection process for this job.</p> <p>DCIL takes your privacy seriously. We take every reasonable measure and precaution to protect and secure your personal data and will retain your details for only as long as necessary. I understand that the information given on this form will be kept confidentially by DCIL.</p> <p>Signed: _____ Date: _____</p> <p style="text-align: center;">APPLICANT</p>

Part 10. INTERVIEW NOTES (TO BE COMPLETED BY DCIL STAFF ONLY)	
Date of Interview:	Location:
Relevant Interview Comments:	
Signed on behalf of DCIL: _____	

NOTES ON COMPLETING FORM: If you haven't enough space please attach a further page. If you require assistance completing this form please contact DCIL on 074 912 8945.

FOR OFFICIAL USE ONLY

REF NO: _____	DATE RECEIVED: _____	SIGNED: _____	DCIL
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