

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 |