



Application Form

Application for the position of _____

Please attach the following to this Application Form:

1. A copy of your **Curriculum Vitae**
2. A photocopy of your **Passport** or **Driver's Licence**, as proof of identity
3. Copy of current application for Garda Vetting
4. Copy of any relevant qualifications

Personal Details (please use BLOCK CAPITALS)		
Title Mr, Mrs, Ms etc	Surname	Forename
Address		
Home Phone	Mobile	Email
PPS Number		Nationality
Are you an EU Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/> Note: If you are not a citizen of the European Union, you will require a work permit or working Visa/work authorisation to validly work in Ireland. Please see below*		
*Are you legally entitled to work and reside in Ireland? Yes <input type="checkbox"/> No <input type="checkbox"/>		
*Do you hold a valid work permit? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify commencement date of work permit and expiry date:		
Is English your first/primary language? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Is English your first/primary language? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you ever worked under any other name? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, what name?		
Have you previously applied for work with Rathfarnham Day Care? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please specify the date(s) of the previous application:		
Were you previously employed by us? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please specify the dates of employment:		
Do you hold a current and valid driver's licence? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Employment Desired	
Position Applying For:	
Available Start Date:	Available Start Date:
Are you available to work overtime? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you currently employed? Yes <input type="checkbox"/> No <input type="checkbox"/>

Employment History <small>Please respond to each question. Note: List present or most recent job first.</small>	
Company Name	Job Title
Company Address	
Start of Employment Date	End of Employment Date
Supervisor(s):	Tel No:
Annual Salary:	
Reason for Leaving:	
Would you like to nominate this employer as a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Company Name	Job Title
Company Address	
Start of Employment Date	End of Employment Date
Supervisor(s):	Tel No:
Annual Salary:	
Reason for Leaving:	
Would you like to nominate this employer as a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Company Name	Job Title
Company Address	
Start of Employment Date	End of Employment Date
Supervisor(s):	Tel No:
Annual Salary:	
Reason for Leaving:	
Would you like to nominate this employer as a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Company Name	Job Title
Company Address	
Start of Employment Date	End of Employment Date
Supervisor(s):	Tel No:
Annual Salary:	
Reason for Leaving:	
Would you like to nominate this employer as a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Gaps in Employment	
If there have been any gaps in your employment history, please provide adequate detail as to the reason(s) for these gap(s).	
DATE From:	To:
Reason:	
DATE From:	To:
Reason:	
DATE From:	To:
Reason:	

Education and Training					
	Name & Address of Secondary School	Dates Attended		Subject(s)	PASS / HONS
		From	To		
Leaving Certificate					
	Name & Location of Academic Institution	Dates Attended		Degree or Diploma	Major Subject
		From	To		
College/ Institution					
College/ Institution					
College/ Institution					
College/ Institution					

Skills & Qualifications

Please list any other professional licences, certifications, experiences, computer skills or qualifications, which relate to the job for which you are applying.

Please indicate any foreign language capability, which would be helpful in the performance of your job.

Language	Ability to Speak Language			Ability to Read Language			Ability to Write Language		
	Beginner <input type="checkbox"/>	Proficient <input type="checkbox"/>	Expert <input type="checkbox"/>	Beginner <input type="checkbox"/>	Proficient <input type="checkbox"/>	Expert <input type="checkbox"/>	Beginner <input type="checkbox"/>	Proficient <input type="checkbox"/>	Expert <input type="checkbox"/>
	Beginner <input type="checkbox"/>	Proficient <input type="checkbox"/>	Expert <input type="checkbox"/>	Beginner <input type="checkbox"/>	Proficient <input type="checkbox"/>	Expert <input type="checkbox"/>	Beginner <input type="checkbox"/>	Proficient <input type="checkbox"/>	Expert <input type="checkbox"/>

References

Please give the names of people who can provide information regarding you job-related capabilities.

Note: You must provide at least two references, one of which must be the most recent employer with whom you completed employment.

Name _____ Title _____

Company Name _____

Company Address _____

_____ Tel _____

Name _____ Title _____

Company Name _____

Company Address _____

_____ Tel _____

Name _____ Title _____

Company Name _____

Company Address _____

_____ Tel _____

Willingness Checklist – Please Tick ✓ YES or NO	YES	NO
Ensuring good level of communication with all colleagues		
Ensuring that you respect the rights of children in your care and their parents		
Working as part of a team or on your own		
General assisting all other members of staff where possible		
Listening and learning from supervisors and managers		
Attending all staff meetings and contributing in a positive and constructive way		
Attend and participate in training courses as required		
Helping with the smooth running of the room		
Working closely with the supervisor and managers on all issues relating to your room		
Ensuring the general care of the children in your room through the curriculum and structured time table		
Working with the supervisor and managers to develop and maintain routines for the children		
Ensuring that routines are followed on a daily basis		
Ensuring general child stimulation using all equipment at your disposal		
Ensuring all policies and procedures are followed, and all relevant forms, form and for the parents are collected and completed daily. For example medical administration forms, daily books etc.		
Dealing with queries from parents within your role and forwarding all others to supervisor or managers		
Ensuring the environment is child led and child focused		
Conducting general cleaning duties of the entire facility as requested		
Reporting issues to supervisor or managers in a timely manner		
Collection / delivery of children from designated locations e.g. school drop and collection		
Ensure that you are working accordance with the crèches policies and procedures		
Daily cleaning of rooms and all areas of the crèche ie corridors, staff room, toilets etc.		
Deep cleaning of rooms and all areas of the crèche		
Willingness to move to different rooms/buildings if required		
Willing to be involved in all elements of childcare such as lifting & carrying children		
Changing nappies & potty training		
Preparing food & bottles		
Assisting with other duties that may be required by your managers		
Do you have any specific needs that affect your ability to perform the duties of a childcare assistant? If yes, please specify:		

Applicant Certification – Please read carefully before signing

I confirm that I am capable to carry out all duties required as a Childcare Assistant.

I confirm that all information provided in this application is true and correct. I understand that should any of the information provided in this application be found to be false or inaccurate in any material way, Rathfarnham Day Care reserves the right to withdraw any offer of employment made to me or, if I have already commenced employment, to terminate my employment.

I also authorise Rathfarnham Day Care to contact any third party referee mentioned in my application and to request copies of my academic transcripts and/or verify the authenticity of my qualifications with the academic institutions/awarding body.

Applicant's Signature: _____

Print Name: _____

Date: _____

RATHFARNHAM DAY CARE IS AN EQUAL OPPORTUNITY EMPLOYER