

Application for Employment

Please complete this form and return before 2pm Friday 26th October 2018. Late application will not be considered. Candidates must outline clearly how their qualifications and experience meet both the essential and preferred requirements. All information given will be treated with the strictest confidence.

Position: Peer Advocate	Ref. No: IAN 10/18 (office use only)
Organisation: Irish Advocacy Network	Location: Limerick/Clare (CHO Area 3) and Kerry (CHO Area 4) Location: Dublin
Weekly Working Hours: Part Time 21 hours per week (Tue/Wed/Thurs)	Number of Positions CHO 3,4: 1 Number of Positions Dublin, Kildare, Wicklow: 2
Application Process:	<ul style="list-style-type: none"> • Download and complete the application form from our website (Insert link) • Email a copy of your CV along with completed and signed application for to (Insert email address)

Please tick the position you are applying for:
<input type="checkbox"/> CHO Area 1, Dublin, Kildare, Wicklow <input type="checkbox"/> CHO Area 3, Clare Limerick <input type="checkbox"/> CHO Area 4, Kerry

Personal Details

Surname:	Forename(s):	Title:
Address:	Contact Email:	Contact. No:
Do you have the right to work in Ireland? Note: the company will require proof of this right before an offer of employment can be confirmed - e.g. Birth certificate and/or any other appropriate document required to confirm your right to work in Ireland.		Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a clear, current driving license?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you a car/access to a car for business use? Garda clearance will be required prior any offer of employment		Yes <input type="checkbox"/> No <input type="checkbox"/>

Educational Achievements

Please list all educational achievements (continue on separate document if you wish).

Secondary Education (name of school/college attended)	Month & Year		Examinations Taken / Results
	From	To	
Further Education (Name of Institution)	From	To	Qualifications Achieved / Results
Professional Qualifications	From	To	Examinations Taken / Results

Training

Please list details of training courses attended and awards achieved, including dates, if appropriate.

Name of Training Course	Month & Year		Award Achieved
	From	To	

Employment History

Please list chronologically, starting with current Employer, include voluntary work.

Gaps in employment record due to illness will not prejudice this application.

	Employer Details	Month & Year		Description of Post Held
		From	To	
1.	Name of Employer: Address of Employer: Nature of Business:			Job Title: Job Function/Responsibilities: Reason for leaving:
2.	Name of Employer: Address of Employer: Nature of Business:			Job Title: Job Function/Responsibilities: Reason for leaving:
3.	Name of Employer: Address of Employer: Nature of Business:			Job Title: Job Function/Responsibilities: Reason for leaving:
4.	Name of Employer: Address of Employer: Nature of Business:			Job Title: Job Function/Responsibilities: Reason for leaving:
5.	Name of Employer: Address of Employer: Nature of Business:			Job Title: Job Function/Responsibilities: Reason for leaving:

Suitability for this Position

Please detail your suitability for this position under the essential criteria each in 150 words or less

1. Experience as a user of mental health services and have achieved a level of recovery

2. Have completed accredited Peer Advocacy Training or are willing to undertake this training within one year

3. Can demonstrate knowledge of the needs of people experiencing mental health difficulties

Further Information

Please provide any additional information you wish to be considered in support of your application:

Please indicate below your source of introduction to this position with IAN (please check box):

IANs Website Jobs Ireland.ie: Activelink website: The Wheel website:

Indeed Website Other source (please specify):

References

Please give details of two referees, including your current or most recent post. Referees will **NOT** be contacted without your prior approval

Name:	Name:
Position:	Position:
Company:	Company:
Address:	Address:
Tel No:	Tel No:
Email address:	Email address:
May we contact them during the recruitment process? Yes <input type="checkbox"/> No <input type="checkbox"/>	May we contact them during the recruitment process? Yes <input type="checkbox"/> No <input type="checkbox"/>

Notice period required from current employer:

Verification of Information

I certify that all information which I have provided is correct. I understand that any false information given may result in a job offer being withdrawn.

Signature:	Date:
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Thank you for completing this application.

Please return your completed application by email to [\[insert email address\]](#)

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