|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Donegal Co Co (Brand) F+1 Compressed | | | | | | | |
| **Assistant Health and Safety Officer**    **Application Form** Closing Date: 12 Noon, Monday 27th February, 2023 | | | | | | | |
| **Section 1 – Personal Details** | | | | | | | |
| **Title:** | | **First Name:** | | | | **Surname:** | |
|  | |  | | | |  | |
|  | | | | | | | |
| **Address – For Correspondence Purposes:** | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| **Contact Details:** | | | | | | | |
| *Work Phone:* | |  | | *Extn Number:* | | |  |
| *Home Phone:* | |  | | *Mobile Number:* | | |  |
| *Email Address:* | |  | | | | | |
| ***Note:***  Please ensure that you have read the Information Booklet prior to completing your application.  You must ensure that all sections of this application form are completed in full.  In the event that short-listing of applicants is required, the Council will examine the application forms and assess them against a set of pre-determined criteria based on the requirements of the position.  It is therefore in your own interest to provide a detailed and accurate account of your qualifications/experience on the application form. | | | | | | | |
| **First Name:** |  | | **Surname:** | |  | | |

### Section 2 – Education & Training

Please give details of all education and training undertaken and qualifications obtained, i.e. general education and academic/professional/technical qualifications.

In addition to Section 2 below, applicants are required to fill out the Education Verification Consent Form as attached at Appendix I.

Qualifications: All appointments to the Council are subject to necessary qualification checks. Prior to appointment, the Council will seek from the candidate copies of relevant Qualifications required for eligibility for this position

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Qualification**  *(e.g. Degree, Diploma, Cert etc)*  **Duration of course**  **Year obtained**  **NFQ Level** | | **Grade obtained** *(e.g. 1, 2.1, 2.2, Pass, etc.)* | | **Subjects taken in final examination** | | **University, College or Awarding Body** |
|  | |  | |  | |  |
|  | |  | |  | |  |
|  | |  | |  | |  |
| **First Name:** |  | | **Surname:** | |  | |

### Section 2 – Education & Training (continued).

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Qualification**  *(e.g. Degree, Diploma, Cert etc)*  **Duration of course**  **Year obtained**  **NFQ Level** | | | **Grade obtained** *(e.g. 1, 2.1, 2.2, Pass, etc.)* | | **Subjects taken in final examination** | | **University, College or Awarding Body** |
|  | | |  | |  | |  |
|  | | |  | |  | |  |
|  | | |  | |  | |  |
|  | | |  | |  | |  |
| **First Name:** |  | | **Surname:** | |  | |

### Section 3 – Employment Record

Please briefly summarise your Employment Record in the table below (including any periods of unemployment) between the date of leaving school or college to present date, starting with your current employment. No period between these dates should be unaccounted for.

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates (from - to)** | **Position Held** | **Section** | **Employer** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Please expand on your Employment Record below. Give, in reverse date order, **full particulars** of all employment (including any periods of unemployment) between the date of leaving school or college to present date. No period between these dates should be unaccounted for. If it is necessary to continue on a separate sheet, please set the information out in the same manner as below.

\*\* P- Permanent, T -Temporary Contract, A - Acting in post.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Employer:** |  | | | | **Dates:** | | |
| **From** | **To** | |
| **Address:** |  | | | |  |  | |
| **Nature of Business:** |  | | | | | | |
| **Position Held:** |  | | **\*\*** **P / T / A :** | | | | |
| **Description of Main Duties and Responsibilities:** | | | | | | | |
| **Reason for Leaving:** | | | | | | | |
| **First Name:** | |  | **Surname:** | |  | | |

### Section 3 – Employment Record (continued)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employer:** |  | | **Dates:** | |
| **From** | **To** |
| **Address:** |  | |  |  |
| **Position Held:** |  | **\*\*** **P / T / A :** | | |
| **Description of Main Duties and Responsibilities:** | | | | |
| **Reason for Leaving:** | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employer:** |  | | **Dates:** | |
| **From** | **To** |
| **Address:** |  | |  |  |
| **Position Held:** |  | **\*\*** **P / T / A :** | | |
| **Description of Main Duties and Responsibilities:** | | | | |
| **Reason for Leaving:** | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name:** |  | **Surname:** |  |

### Section 3 – Employment Record (continued)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employer:** |  | | **Dates:** | |
| **From** | **To** |
| **Address:** |  | |  |  |
| **Position Held:** |  | **\*\*** **P / T / A :** | | |
| **Description of Main Duties and Responsibilities:** | | | | |
| **Reason for Leaving:** | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employer:** |  | | **Dates:** | |
| **From** | **To** |
| **Address:** |  | |  |  |
| **Position Held:** |  | **\*\*** **P / T / A :** | | |
| **Description of Main Duties and Responsibilities:** | | | | |
| **Reason for Leaving:** | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name:** |  | **Surname:** |  |

### Section 4 – Relevant Work Experience

In each of the competency areas below briefly detail two examples of your work experience which you feel best demonstrate your capacity in the competency area described. You may use the same examples across more than one competency area should you so wish. You should be mindful that the scale and scope of the examples given demonstrate the competency in question and are appropriate to a post at **Assistant Health and Safety Officer** level. *[See Information for Candidates booklet.]*

|  |  |  |  |
| --- | --- | --- | --- |
| **(a) Relevant Technical knowledge referred to in part (II) under Section 3(c ) Education & Experience in the Information Booklet (250 words max).** | | | |
|  | | | |
| **First Name:** |  | **Surname:** |  | |

### Section 4 – Relevant Work Experience (continued)

|  |  |  |  |
| --- | --- | --- | --- |
| **(b) Relevant experience referred in part (iii) under Section 3(c ) Education & Experience in the Information Booklet (250 words max)** | | | |
|  | | | |
| **First Name:** |  | **Surname:** |  |

### Section 4 – Relevant Work Experience (continued)

|  |  |  |  |
| --- | --- | --- | --- |
| **(c) Planning and Organisational Skills, Delivery of Results (250 words max).** | | | |
|  | | | |
| **First Name:** |  | **Surname:** |  |

### Section 4 – Relevant Work Experience (continued)

|  |
| --- |
| **(d) Communication and Stakeholder Engagement (250 words max).** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name:** |  | **Surname:** |  |

### Section 4 – Relevant Work Experience (continued)

|  |  |  |  |
| --- | --- | --- | --- |
| **(e) Initiative and Working as Part of a Team (250 words max).** | | | |
|  | | | |
| **First Name:** |  | **Surname:** |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Section 5 – Driving Licence. | | | | | | | | | | | |
| (a) Do you hold a current driving licence? | | | | | | *Yes:* | |  | *No:* |  | |
|  | | | | | | | | | | | |
| (b) If Yes, please tick which of the following licence categories you currently hold. | | | | | | | | | | | |
| **B** | **BE** | **C** | **CE** | **C1** | **C1E** | | **D** | **DE** | **D1** | | **D1E** |
|  |  |  |  |  |  | |  |  |  | |  |
|  | | | | | | | | | | | |
| (c) Do you have access to your own transport? | | | | | | *Yes:* | |  | *No:* | |  |

|  |  |
| --- | --- |
| Section 6 – References | |
| Please provide the names of two responsible persons as referees to whom you are well known but *NOT* related. If you are currently employed, one of the referees should be a present employer. | |
| Referee No. 1 | Referee No. 2 |
| Name: | Name: |
| Address: | Address: |
| Contact number: | Contact number: |
| Email address: | Email address: |

|  |  |
| --- | --- |
| Section 7 – Declaration | |
| **I, the applicant, in submitting this application, hereby declare all the foregoing particulars to be true. I also authorise Donegal County Council to conduct reference checks and qualification checks, as required.** | |
| Name: |  |
| Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name:** |  | **Surname:** |  |

|  |  |
| --- | --- |
| Section 8 - Check List –Assistant Health and Safety Officer Competition | |
| **Before you return your application form, please ensure that you have checked and included the following with your application.** | |
| Indicate “Yes” with an X or insert “not applicable” as NA. | **X or NA** |
| I have carefully read the job advertisement and the “***Information for Candidates****”* booklet and I declare that I have the necessary qualifications required for the role if applicable. |  |
| I have enclosed a fully completed application form (Section 1 – 6) |  |
| I have signed and dated the Declaration (Section 7) |  |
| I have completed and signed the Education Verification Consent Form  **(Included as Appendix I )** |  |
| I have downloaded / saved a copy of the Information Booklet for the competition for future reference |  |

|  |  |
| --- | --- |
| To help us gauge the efficiency of our advertising strategy, we would appreciate if you could indicate in the table below where you saw this campaign advertised. | |
| Donegal County Council Website |  |
| Social Media e.g. Donegal Co Co Facebook Page |  |
| Local Newspaper |  |
| Word of Mouth e.g. colleague / line manager |  |
| Local Government Jobs Website |  |
| Other (Please specify) |  |

Notes

***Applicants should read these notes and the Information for Candidates booklet carefully before completing the application form.***

**Completion of the Application Form**

Before you return your application form, please ensure that you have completed all sections and that you have signed the declaration. It is the responsibility of candidates to establish their eligibility for the post through the information provided in the application form.

Please do not submit a CV with this application. Only information contained in the application form will be considered when assessing an applicant’s suitability for the post.

Candidates may be short-listed on the basis of information supplied on this application form.

Please ensure that you have certified copies of all qualifications, as indicated on this application form, available for inspection, if requested.

**Submission of Application Form**

Completed application forms should be returned as an attachment in either Word or PDF format by **email only** to [vacancies@donegalcoco.ie](mailto:vacancies@donegalcoco.ie).

Please include ***“Assistant Health and Safety Officer”*** as a reference in the subject line before emailing the application.

Completed applications must be received not later than **12 noon on Monday,**

**27 February 2023**

Late applications will not be accepted.

**Proof of receipt of Application Form**

Applications submitted by email will be acknowledged automatically. Please keep this acknowledgement as proof of delivery and receipt of your application.

If you do not receive an acknowledgement within 24 hours, please contact the Human Resources Department immediately at 074 91 72217. It is the responsibility of candidates to ensure the proper delivery and receipt of their applications.

**Further Queries**

By email: [vacancies@donegalcoco.ie](mailto:vacancies@donegalcoco.ie)

By telephone: 074 91 72217

Important!

*Canvassing by or on behalf of the applicant will automatically disqualify.*

*Donegal County Council is an Equal Opportunities Employer*

***Appendix I***



**EDUCATION VERIFICATION CONSENT FORM**

Please complete this consent form, providing permission to the HR department to contact your Institution of Study to verify your qualifications. All appointments to the Council are subject to necessary qualification checks. This form will only be used when an offer of appointment is made and accepted.

**APPLICANT FOR POST OF**:

**Assistant Health and Safety Officer**

|  |  |
| --- | --- |
| **University/College Name** |  |
| **University/College Email Address** |  |
| **University/College Telephone Number** |  |
| **Student Name & Address** |  |
| **Maiden Name (if applicable)** |  |
| **Date of Birth** |  |
| **Student Number** |  |

Please complete your qualification details below.

|  |  |
| --- | --- |
|  | **DETAILS OF QUALIFICATION** |
| **Qualification & Level**  **(e.g. Bachelor in Planning – Level 8)** |  |
| **Subjects taken at final examination** |  |
| **Dates Attended** |  |
| **Date of Award** |  |
| **Classification**  **(e.g. first class honours)** |  |

I give my consent for the University/College to release the above details to the Recruitment Section, Donegal County Council.

Student’s Signature: …………………………………………………………

Date: …………………………………..