|  |  |
| --- | --- |
| Sligo CoCo LOGO H Res | **Sligo County Council**  **Comhairle Chontae Shligigh** |

**Before completing this application form, please read the following:**

**IMPORTANT NOTES**

* **Please note that interviews for this position will be conducted in person only.**
* The Application Form, together with any **relevant** documentation, must be submitted to Sligo County Council **by e-mail (in PDF format)** as **ONE** scanned document to [jobs@sligococo.ie](mailto:jobs@sligococo.ie) with the **title of the post, for which you are applying, included in the subject line of the e-mail.**

**Creating a PDF** – for guidance on how to create a PDF from a MS Word document please refer to [www.sligococo.ie/jobvacancies/](https://www.sligococo.ie/jobvacancies/) “Creating a PDF – Guidance for Applicants”

* The declaration at the end of the Application Form **must** be signed before submission. Failure to do so, will result in the application being deemed invalid. Typed signatures are acceptable when application is submitted in PDF format.
* E-mail submission, as set out above, is the **only** format by which applications will be accepted by Sligo County Council - **Hard copies of the application will not be accepted and will be deemed invalid.**
* Please ensure to complete each section of the Application Form. Incomplete forms will be deemed invalid. CVs are **not** to be submitted with Application Forms.
* The onus is on applicants to establish their eligibility for the post as detailed in the Candidate Information Booklet.
* The onus is on applicants to ensure delivery and receipt of Application Forms, including all required supporting documentation, by the prescribed closing date. Please note that applications must be **received** by Sligo County Council by the time specified on the prescribed closing date. Candidates should allow adequate time (taking account for any delays that may occur between sending and delivery of e-mail) when submitting their application, to ensure that it is received by the Council by the specified time. **No late applications will be accepted** **and no exceptions will be made, regardless of the circumstances**.
* Queries can be made to the Human Resources Section of Sligo County Council either by e-mail to [jobs@sligococo.ie](mailto:jobs@sligococo.ie) or by telephone to 071 9111025 / 071 9111073.

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

|  |  |
| --- | --- |
| Sligo CoCo LOGO H Res | **Sligo County Council**  **Comhairle Chontae Shligigh** |
| **CREATION OF PANEL FOR THE POSITION OF:**  **Beach Warden – Strandhill Beach (Temporary Contract Post)**  **Closing Date: 4.30 p.m. on Friday 30th May 2025** | |

**You must ensure that all sections of this application form are completed in full. It is in your own interest to provide a detailed and accurate account of your qualifications and experience on the application form as this information may be used as part of a short-listing procedure and will inform the Interview Board in the event that you are called for interview.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION A – PERSONAL DETAILS** | | | | | | | | | | | | | |
| **Title** |  | **First Name** | | | |  | | **Surname** | |  | | | |
| **Address** | | | |  | | | | | **Eircode/ Post Code** | | |  | |
| **Home Address (If different from above)** | | | |  | | | | | **Eircode/ Post Code** | | |  | |
| **Contact Number(s)** | | |  | | | | **Email Address\*\*** |  | | | | | |
| **Current Age**  **Date of Birth** | | |  | | | | *Original birth cert to be submitted with application* | | | | | | |
| **\*\* *Please note that the e-mail address provided above will be used by Sligo County Council to correspond with applicants as part of this recruitment campaign. It is, therefore, in your interest to check your ‘inbox’ and ‘spam’ e-mail folders on a regular basis throughout this recruitment campaign. Sligo County Council cannot accept responsibility for delivery or receipt of e-mail to or by candidates.*** | | | | | | | | | | | | | |
| **Should you be called for interview, is there any “reasonable accommodation” you would require the local authority to make to assist your attendance? (e.g. accessibility, sign language, large print, etc.?)** | | | | | | | | | | |  | | |
| **How would you rate your current proficiency in the Irish/Gaelic Language (Please tick ONE of the following boxes) *Note: For survey purposes only*** | | | | | | | | | | | | | |
| **No Proficiency** | | | | | **Poor** | | **Basic** | **Professional Working** | | | | | **Fluent** |
|  | | | | |  | |  |  | | | | |  |

| **SECTION B – Relevant Educational Qualifications & Training** | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **First Name** |  | | **Surname** | |  | | |
| **NB: DOCUMENTARY EVIDENCE OF QUALIFICATIONS**  **You MUST submit documentary evidence of qualification(s) required for this competition as detailed in the Candidate Information Booklet. Failure to do so will deem your application invalid.** | | | | | | | |
| **Examination Taken** | | **Year** | | **Results** | | |
| **Group Certificate** | |  | |  | | |
| **Intermediate/Junior Certificate** | |  | |  | | |
| **Leaving Certificate** | |  | |  | | |
| **Other (please specify)** | |  | |  | | |
| **Do you hold a Certificate in First Aid from an Approved First Aid Training Provider? Please give particulars and attach relevant certification.** | | | | | | |
| **Course** | | **Year** | | | | **Training Provider** |
|  | |  | | | |  |
|  | |  | | | |  |
|  | |  | | | |  |
|  | |  | | | |  |

| **SECTION C – Employment Record** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **First Name** |  | | | **Surname** | | |  | |
| In date order, starting with your current employer, please provide full particulars of all employment (including any periods of unemployment) between the date of leaving school or college and the present date. No period between these dates should be unaccounted for. If it is necessary to continue on a separate sheet, please set out the information in the same format as below:  **\*P – Permanent, T – Temporary Contract, A – Acting in post.**  **Where the grade status is not clearly stated, it will be assumed that the post held is a temporary contract.** | | | | | | | | |
| **Role / Job Title:** | | | | | | | | |
| **Period in Years &**  **Months** | | **From** | **To** | | **Status of Grade \*** | | | **Name and address of employer** |
|  | |  |  | |  | | |  |
| **Brief description of Duties (max 150 words):** | | | | | | | | |
|  | | | | | |  | | |
| **Reason for leaving:** | | | | | | | | |
|  | | | | | | | | |
| **Role / Job Title:** | | | | | | | | |
| **Period in Years &**  **Months** | | **From** | **To** | | **Status of Grade \*** | | | **Name and address of employer** |
|  | |  |  | |  | | |  |
| **Brief description of Duties (max 150 words):** | | | | | | | | |
|  | | | | | |  | | |
| **Reason for leaving:** | | | | | | | | |
|  | | | | | | | | |
| **Role / Job Title:** | | | | | | | | |
| **Period in Years &**  **Months** | | **From** | **To** | | **Status of Grade \*** | | | **Name and address of employer** |
|  | |  |  | |  | | |  |
| **Brief description of Duties (max 150 words):** | | | | | | | | |
|  | | | | | |  | | |
| **Reason for leaving:** | | | | | | | | |
|  | | | | | | | | |
| **Role / Job Title:** | | | | | | | | |
| **Period in Years &**  **Months** | | **From** | **To** | | **Status of Grade \*** | | | **Name and address of employer** |
|  | |  |  | |  | | |  |
| **Brief description of Duties (max 150 words):** | | | | | | | | |
|  | | | | | |  | | |
| **Reason for leaving:** | | | | | | | | |
|  | | | | | | | | |
| **Role / Job Title:** | | | | | | | | |
| **Period in Years &**  **Months** | | **From** | **To** | | **Status of Grade \*** | | | **Name and address of employer** |
|  | |  |  | |  | | |  |
| **Brief description of Duties (max 150 words):** | | | | | | | | |
|  | | | | | |  | | |
| **Reason for leaving:** | | | | | | | | |
|  | | | | | | | | |
| **Role / Job Title:** | | | | | | | | |
| **Period in Years &**  **Months** | | **From** | **To** | | **Status of Grade \*** | | | **Name and address of employer** |
|  | |  |  | |  | | |  |
| **Brief description of Duties (max 150 words):** | | | | | | | | |
|  | | | | | |  | | |
| **Reason for leaving:** | | | | | | | | |
|  | | | | | | | | |
| **Role / Job Title:** | | | | | | | | |
| **Period in Years &**  **Months** | | **From** | **To** | | **Status of Grade \*** | | | **Name and address of employer** |
|  | |  |  | |  | | |  |
| **Brief description of Duties (max 150 words):** | | | | | | | | |
|  | | | | | |  | | |
| **Reason for leaving:** | | | | | | | | |

| **SECTION D –Relevant Information** | | | | | |
| --- | --- | --- | --- | --- | --- |
| **First Name** |  | **Surname** | |  | |
| Are you in good health and free from any physical condition that would affect your ability to perform the duties of Beach Warden?  *If not, please give brief details of your condition* | | | **YES  NO**  *Please tick box as appropriate* | |
| Is your eyesight normal without contact lenses or glasses?  *If not, please state form of correction used* | | | **YES  NO**  *Please tick box as appropriate* | |
| If offered employment as Beach Warden will you be available to take up duty for the full bathing season? i.e. 31st May 2025 to 7th September 2025  If you are not available for the full season, please state when you will be available.  PLEASE NOTE: *Any commitments that you have made such as those that relate to other employment / education / holidays etc. should be referred to where applicable.* | | | **YES  NO**  *Please tick box as appropriate* | |

| **SECTION E – Additional Information** | | | |
| --- | --- | --- | --- |
| **First Name** |  | **Surname** |  |
| **Please outline below any other relevant information that you wish to submit in support of your application:** | | | |
|  | | | |

**Remember, you may be short-listed for interview based on the information that you supply on this application form. Anything that you write may be discussed in more depth should you be called for interview.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SECTION F – Referees** | | | | |
| **First Name** |  | **Surname** | |  |
| **Please provide the names of two responsible persons as referees, to whom you are well known but NOT related. If you have been previously employed as a Beach Warden in any Local Authority, one reference should be from your supervisor in that Authority. If you are currently employed, ideally one of the referees should be your present employer.** | | | | |
| **REFEREE NO. 1** | | | **REFEREE NO. 2** | |
| **NAME & ADDRESS** | | | **NAME & ADDRESS** | |
|  | | |  | |
|  | | |  | |
|  | | |  | |
|  | | |  | |
| **Please state how this person is known to you, e.g. previous employer, acquaintance, etc.** | | | **Please state how this person is known to you, e.g. previous employer, acquaintance, etc.** | |
|  | | |  | |
| **TELEPHONE NUMBER** | | | **TELEPHONE NUMBER** | |
|  | | |  | |
| **E-MAIL ADDRESS** | | | **E-MAIL ADDRESS** | |
|  | | |  | |

**I declare that the particulars supplied on this application form are correct and I hereby give permission to Sligo County Council to make relevant enquiries with An Garda Síochána/Police.**

**I hereby acknowledge that the information supplied on this application form will be used solely for the purpose of the recruitment process.**

**Signed: Date:**

**NB: Failure to sign this declaration will result in your application being deemed invalid.**

(Typed signatures are acceptable when application is submitted in PDF format – refer to Pt 5 below)

**SLIGO COUNTY COUNCIL IS AN EQUAL OPPORTUNITIES EMPLOYER**

**Please complete the checklist below before submitting your application**

***(note: tick boxes can be checked using mouse)***

|  |  |
| --- | --- |
| 1. Have you completed the application form in full? |  |
| 1. Have you signed the Declaration on application form? |  |
| 1. Have you included documentary evidence of your qualifications required to establish eligibility for the competition? (Failure to do so will deem your application invalid) |  |
| 1. Copy of Garda Vetting application & 2 no. forms of ID attached (photographic identification and proof of address)? |  |
| 1. Have you scanned the application form & required documents as one PDF document?   **(for guidance on how to create a PDF from a MS Word document please refer to** [**www.sligococo.ie/jobvacancies/**](https://www.sligococo.ie/jobvacancies/) **“Creating a PDF – Guidance for Applicants”)** |  |
| 1. Understand that the application must be emailed to [jobs@sligococo.ie](mailto:jobs@sligococo.ie) |  |
| 1. Understand that any interviews for the position will be held in person |  |



**Guidelines for completing Vetting Invitation Form (NVB 1)**

Please read the following guidelines before completing this form.

|  |
| --- |
| **Miscellaneous** |
| The form must be completed in full using **BLOCK CAPITALS** and writing must be clear and legible. |
| The form should be completed in ball point pen. |
| Photocopies will not be accepted. |
| All applicants will be required to provide documents to validate their identity. |
| If the applicant is under 18 years of age, a completed NVB 3 - Parent\Guardian Consent Form will be required. Please note that where the applicant is under 18 years of age the electronic correspondence will issue to the Parent\Guardian. This being the case, the applicant must provide their Parent\Guardian Email address on the NVB 1 form. |
|  |
| **Personal Details** |
| Insert details for each field, allowing one block letter per box. |
| For Date of Birth field, allow one digit per box. |
| Please fill in your Email Address, allowing one character/symbol per box. This is required as the invitation to the e-vetting website will be sent to this address. |
| Please allow one digit per box for your contact number. |
| The Current Address means the address you are now living at. |
| The address fields should be completed in full, including Eircode/Postcode.  No abbreviations. |
|  |
| **Role Being Vetted For** |
| The role being applied for must be clearly stated. Generic terms such as “Volunteer” will not suffice. |
|  |
| **Declaration of Application** |
| The applicant must confirm their understanding and acceptance of the two statements by signing the application form at Section 2 and ticking the box provided. |

|  |  |  |
| --- | --- | --- |
| **Sligo County Council**  **County Hall**  **Riverside**  **Sligo**  **Tel: (071) 9111111** | **Sligo CoCo LOGO H Res** | **Your Ref:** |
|  |
|  |
|  | **Form NVB 1** |  |
|  | **Vetting Invitation** |  |

**Section 1 – Personal Information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Forename(s):** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Middle Name:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Surname:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Date Of Birth:** | **D** | **D** | **/** | **M** | **M** | **/** | **Y** | **Y** | **Y** | **Y** |
| **Email Address:** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Contact Number:** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Role Being Vetted For:** | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Current Address:** | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Line 1:** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Line 2:** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Line 3:** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Line 4:** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Line 5:** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Eircode/Postcode:** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Under Section 26(b) of the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016, it is**

**an offence to make a false statement for the purpose of obtaining a vetting disclosure.**

**Section 2 – Additional Information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Organisation:** | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **I have provided documentation to validate my identity as required *and* I consent to the making of this application and to the disclosure of information by the National Vetting Bureau to the Liaison Person pursuant to Section 13(4)(e) National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016. Please tick box** | | | | | | | | | | | | | |
|
|
| **Applicant’s** |  | |  |  |  |  |  |  |  |  |  |  |  |
| **Signature:** | **Date:** | **D** | **D** | **/** | **M** | **M** | **/** | **Y** | **Y** | **Y** | **Y** |
|  | | | | | | | | | | | | | |
| **Note: Please return this form to the above named organisation with two forms of identification. An invitation to the e-vetting website will then be sent to your email address.** | | | | | | | | | | | | | |