**HIV IRELAND APPLICATION FORM**

TITLE OF ROLE/REFERENCE NUMBER:

**PERSONAL DETAILS (BLOCK CAPITALS PLEASE)**

|  |  |
| --- | --- |
| **NAME:** | |
| Contact Address: | Telephone Number: |
| E-mail address: |

**PRESENT EMPLOYMENT**

|  |  |  |
| --- | --- | --- |
| Name, Address and Telephone number of Employer | Title of Role | Main responsibilities: |
|  | From: |
| To: |
| Current Salary: |

**PREVIOUS EMPLOYMENT**

|  |  |  |
| --- | --- | --- |
| Name, Address and Telephone number of Employer | Title of Role | Main responsibilities: |
|  | From: |
| To: |
| Name, Address and Telephone number of Employer | Title of Role: | Main responsibilities: |
|  | From: |
| To: |
| Name, Address and Telephone number of Employer | Title of Role | Main responsibilities: |
|  | From: |
| To: |
| Name, Address and Telephone number of Employer | Title of Role: | Main responsibilities: |
|  | From: |
| To: |

To include information about any additional employment/work experience, please complete below or attach additional information to your application. Please explain any gaps that may exist in your career/educational history:

**FURTHER CAREER/EDUCATION HISTORY/EXPLANATION OF GAPS**

|  |
| --- |
|  |

**EDUCATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Schools | From | To | Examinations and results |
|  |  |  |  |
| College / University | From | To | Courses and results |
|  |  |  |  |
| Further education and formal training | From | To | Courses and results |
|  |  |  |  |
| Professional membership and qualifications: | | | |

**PLEASE OUTLINE HOW YOU MEET THE REQUIREMENTS OF THE JOB DESCRIPTION**

**INTERESTS AND ACHIEVEMENTS**

Please provide details of any interests and/or achievements which you have:

**REFERENCES**

|  |  |
| --- | --- |
| Names and addresses of three referees (one of whom must be your current or most recent employer): | |
| Name:  Organisation:  Relationship to you:  Address:  Tel No:  E-mail:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name:  Organisation:  Relationship to you:  Address:  Tel No:  E-mail: | Name:  Organisation:  Relationship to you:  Address:  Tel No:  E-mail:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Please indicate if we may contact them prior to interview: YES/NO (please circle) | |
|  | |

**ADDITIONAL INFORMATION**

|  |  |
| --- | --- |
| Where did you see this vacancy advertised? (please circle/highlight) | HIV Ireland Website  Facebook  Twitter  LinkedIn  Activelink  Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Do you require a visa to work in Ireland? | Yes / No (please circle) |
| If yes, please provide further information: | |
| Have you applied for a position with HIV Ireland in the past? Yes / No (please circle)  If Yes, position applied for and date of application: | |

|  |
| --- |
| How much notice do you have to give your employer? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**DECLARATION**

|  |
| --- |
| I declare that the information given is true and correct. I give my consent to my referees being contacted as indicated.  Name ……………………………………… Signed …………………………………… Date ……………………..…… |

***Please note that Garda Clearance will be sought for successful candidates.***

**Please return your completed application form and a cover letter:**

By post to the Executive Director, HIV Ireland, 70 Eccles Street, Dublin, D07 A977,

or by email to [niall.mulligan@hivireland.ie](mailto:niall.mulligan@hivireland.ie).

**Closing Date is Friday 26th April at 4.00pm**