



Tionól Réigiúnach
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Southern Regional
Assembly

Assembly House
O'Connell Street
Waterford
www.southernassembly.ie

App No.	
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Projects Officer (Grade V) APPLICATION FORM

Please complete this form in TYPED BLOCK CAPITAL LETTERS:

First Name:

Surname:

Address:

Tel No.
(home/work)

Mobile No.

Email:

We will correspond with you by e-mail during the recruitment process. If you change your details during the process, please email hr@southernassembly.ie

Qualification Questions:

Do you have the required qualifications, experience and knowledge for this post? Yes No

Requirements:

Please detail any special needs or requirements you may have, and how these can be facilitated during the recruitment process.

PARTICULARS OF EDUCATION

General Education

Name of School attended	From	To	Certificates/Distinctions obtained

Further Education

Name of Course & College	From	To	Result/Qualification achieved	Grade obtained EG 2.1, Pass, Credit, etc.

EMPLOYMENT RECORD

Work Experience –Please complete employment record, in date order (most recent first)

Name of Employer:			
Address of Employer:			
Employment Dates:	From:	To:	
Job Title & Grade:			
Duties and Responsibilities:			

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Please supply additional employment record if required.

KEY COMPETENCIES

For each of the **THREE COMPETENCIES** listed below, please outline a recent example, which clearly demonstrates your capacity in this regard. Each example should highlight your specific role, how you demonstrated the particular competency, the outcome and how it shows your suitability to meet the challenges of a post at this level. **Please limit each example to 250 words.**

Project Management

Delivering Results and Performance Management

Communicating Effectively and Personal Effectiveness

EXPERIENCE RELEVANT TO THIS POST

Please indicate any particular experience and/or achievements you hold which you consider relevant to your application for this position (max. 200 words)

REFEREES

Referees: Please name two responsible persons, to whom you are well known but not related, one of the Referees, must be an existing or former Employer:

Name:		Name:	
Address:		Address:	
Title/Position:		Title/Position:	
Email:		Email:	
Contact Number:		Contact Number:	

Any Other Relevant Information:

Special Requirements:

Please detail any special needs or requirements you may have and how these can be facilitated during the recruitment process:

**Incentivised Scheme of Early Retirement – ISER (EL 05/09) – &
Voluntary Redundancy Scheme – VRS (LG (P) 06/2013)**

Please advise if you have availed of:

- Incentivised Scheme of Early Retirement – ISER (EL 05/09)
- Voluntary Redundancy Scheme – VRS (LG (P) 06/2013)

If so, please provide details of same, particularly where previously employed and date of retirement:

Note: depending on the conditions of the scheme availed of, re-employment/re-engagement to the Public Service may be precluded and/or abatement may apply. Please refer to relevant circular for further details.

DECLARATION

I, hereby declare, that all particulars in this application are true and correct, to the best of my knowledge and belief and that I am aware of the qualifications and particulars for this position. I give my permission for enquiries to be made to establish such matters as age, qualifications, experience and character and for the release by other people or organisations of such information as may be necessary to the Regional Assembly for that purpose. This may include enquiries from past/present employers and the submission of this application is taken as consent to this. I am aware that any canvassing, by me, or on my behalf, will disqualify me from the position I am seeking and that any employment offered to me is dependent upon the information given herein being correct. I understand that I may be required to submit original documentary evidence in support of any particulars given by me on my Application Form. I understand that any false or misleading information submitted by me will render me liable to automatic disqualification or render me liable to dismissal, if employed.

Signature of Applicant: _____ **Date:** _____

CHECKLIST

PLEASE CHECK THE FOLLOWING BEFORE SUBMITTING YOUR APPLICATION:

- ◆ Only applications made on the official application form will be accepted.
- ◆ Please ensure that your application is in **TYPED PDF** format.
- ◆ Ensure that you have answered ALL questions fully and correctly as **incomplete applications will be returned as invalid** after the closing date and will not be included in the competition.
- ◆ **Please do not submit a CV with this application.**
- ◆ Completed application forms in PDF format, should be emailed to hr@southernassembly.ie
- ◆ The closing date is: **4.00 p.m. on Thursday 28th of March 2024**
- ◆ Applications received after the closing date/time WILL NOT be accepted.
- ◆ Applications will be short-listed on the basis of information provided on the application form.

**The Southern Regional Assembly is an equal opportunity Employer
Canvassing will automatically disqualify**