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**KERRY COUNTY COUNCIL**

**COMHAIRLE CONTAE CHIARRAI**

**Application Form for the Position of:-**

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| **HEALTHY COUNTY CO ORDINATOR** |

* Please be advised that only typed applications received by email and on the official application form will be accepted – appended CVs will not be considered under any circumstances.

Please submit the application in sufficient time to ensure delivery by the closing date. It is essential that adequate replies be furnished to all questions on this application form. Mis-statements will render an applicant liable to disqualification.

1. Title (Mr./Mrs./Ms.…..) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Name in full (Block Letters) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Postal Address (Block Letters) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Telephone Number:- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Work)

Mobile Number:- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address:- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## KERRY COUNTY COUNCIL IS AN EQUAL OPPORTUNITIES EMPLOYER

**IS FOSTAITHEOIR COMHDHEISEANNA Í CHOMHAIRLE CONTAE CHIARRAÍ**

**NAME:- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**POSITION APPLIED FOR:- HEALTHY COUNTY CO ORDINATOR**

1. **ACADEMIC AND/OR PROFESSIONAL QUALIFICATIONS:-**

**Documentary evidence of your relevant qualification(s) may be required in advance of or during the recruitment process.**

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| --- | --- | --- | --- |
| Full Title of Degree(s) and/or Qualification(s) held | Qualification Level \* | University, College or Examining Authority | Year Degree/  Qualification obtained |
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**\*** Qualification Level refers to the qualification level in the National Framework of Qualifications

1. **PRESENT POSITION:-**

FROM (DATE): TITLE:-

EMPLOYER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Main responsibilities and significant features** |
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**NAME:- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**POSITION APPLIED FOR:- HEALTHY COUNTY CO ORDINATOR**

1. **EMPLOYMENT RECORD:-**

Give below, in date order, full particulars of all employment (including also any periods of unemployment) between the date of leaving school or college and the date of taking up your present position. No period between these dates should be left unaccounted. If it is necessary to continue on a separate sheet, please set out the information in the same manner as below. **Candidates may be shortlisted for interview on the basis of the information supplied on their applications.**

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| --- | --- | --- | --- |
|  |  | **Name & address of Employer** | **Description of duties/**  **Responsibilities** |
| **FROM**  **\_\_\_\_\_\_\_** | **TO**  **\_\_\_\_\_\_\_\_** |  |  |
| **FROM**  **\_\_\_\_\_\_\_\_** | **TO**  **\_\_\_\_\_\_\_\_** |  |  |

**NAME:- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**POSITION APPLIED FOR:- HEALTHY COUNTY CO ORDINATOR**

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| **FROM**  **\_\_\_\_\_\_\_\_** | **TO**  **\_\_\_\_\_\_\_\_** |  |  |
| **FROM**  **\_\_\_\_\_\_\_\_** | **TO**  **\_\_\_\_\_\_\_\_** |  |  |
| **FROM**  **\_\_\_\_\_\_\_\_** | **TO**  **\_\_\_\_\_\_\_\_** |  |  |

**NAME:- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**POSITION APPLIED FOR:- HEALTHY COUNTY CO ORDINATOR**

The Candidate Information Booklet for the position outlines key competencies which apply to the role of Healthy County Co Ordinator.

In each of those four areas please provide (in no more than 400 words) an example which you feel best demonstrates your capacity in the competency area described.

Your example should show clearly how you have demonstrated the particular competency and how it is appropriate to the position of Healthy County Co Ordinator with Kerry County Council.

Please refer to the Candidate Information Booklet for further information to assist choosing your examples.

You may be short-listed based on the information supplied.

Candidates invited to participate in the interview process will be expected to demonstrate these key competencies.

**NAME:- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**POSITION APPLIED FOR:- HEALTHY COUNTY CO ORDINATOR**

**Management & Change**

**(Please limit your answer to no more than 400 words)**

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**NAME:- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**POSITION APPLIED FOR:- HEALTHY COUNTY CO ORDINATOR**

**Delivering Results**

**(Please limit your answer to no more than 400 words)**

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**NAME:- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**POSITION APPLIED FOR:- HEALTHY COUNTY CO ORDINATOR**

**Personal Effectiveness**

**(Please limit your answer to no more than 400 words)**

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**NAME:- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**POSITION APPLIED FOR:- HEALTHY COUNTY CO ORDINATOR**

**Knowledge & Understanding of the role and of Local Government**

**(Please limit your answer to no more than 400 words)**

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**NAME:- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**POSITION APPLIED FOR:- HEALTHY COUNTY CO ORDINATOR**

1. Give particulars of your knowledge of the Irish Language.

Oral Written

1. Have you ever been convicted of a criminal offence?   
     
   If so, please give details
2. Are you in receipt of a Pension from a Local Authority or other Public Body? \_\_\_\_\_

If so, please give details.

1. Names and addresses of two responsible people to whom you are known but not related, from whom Kerry County Council can request references on your behalf. (If you are or have been in employment, one of the referees should be an existing or former employer):

(a) Name: (b) Name:

Occupation: Occupation:

Address: Address:

By submitting this application form, the applicant confirms that they have read the instructions for completion of the form and that the information furnished by them correct.

Kerry County Council may seek any additional information required in connection with this application for the post, and other people, agencies, police authorities or organisations are authorised to release such information as may be necessary for that purpose. This may include enquiries to past/present employers.

The submission of this application is taken as consent to the above.

**All personal data collected is in compliance with the requirements of the General Data Protection Regulation (GDPR) and the Data Protection Act 2018. Individual privacy notices for each section/service are available at**[**www.kerrycoco.ie**](http://www.kerrycoco.ie/)

**NAME:- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**POSITION APPLIED FOR:- HEALTHY COUNTY CO ORDINATOR**

Information about disability is only requested on the application form in order that appropriate arrangements for an interview can be made if necessary.

**Do you consider that you have a disability? Yes No**

**Are you registered with any organisation for the disabled? Yes No**

**If you consider that you have a disability, please give details of any requirements for interview arrangements e.g. sign language.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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