

Employment Programmes Application Form

1. Personal Details

First name:		Surname:	
Address:			
Mobile:		Home phone:	
Email address:			
Gender:	PPS:	Date of birth:	
Country of birth:			
If your country of birth is not Ireland, when did you arrive in Ireland? (month and year)			

2. Referral Details

Are you linked in with a referring agency/ support agency?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please ask your support worker to complete this section:			
Name of referring support agency:			
Address / site of referring support agency:			
Name of support worker:			
How does your client demonstrate they are ready for work? (include examples of how the client has moved on; positive responsibility; timekeeping; reliability, and behaviour)			
I can confirm that this client has been risk assessed		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Support worker phone no:			
Support worker email address:			
Support worker signature:			

FOR OFFICE USE ONLY	Date:	Assessed by:
Proposed Training: Pre-placement <input type="checkbox"/> Pre-employment <input type="checkbox"/>		
English Test: Oral: % Written: %		
Proof of residency status:		
EU/Irish Passport <input type="checkbox"/> Other ID <input type="checkbox"/> None <input type="checkbox"/>		
GNIB card with Stamp 4 <input type="checkbox"/> GNIB card with Stamp 2 <input type="checkbox"/> Reason for Stamp 4: _____		
GNIB Card no. _____ Expiry Date _____		



Ireland's European Structural and Investment Funds Programmes 2014-2020

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AN ROINN DLÍ AGUS CIRT AGUS COMHIONANNAIS
DEPARTMENT OF JUSTICE AND EQUALITY



An Roinn Coimírcé Sóisialaí
Department of Social Protection
Helping you build a better life

3. How did you hear about us?

- Referral agency I know someone who attended the programme
Friend Internet Other

Please explain: _____

4. Employment

- a. Are you unemployed? Yes No
- b. If yes, how long have you been unemployed in Ireland? (month and year) _____
- c. If you are employed, please give details of your job.
Role _____ Days per week _____ Hours per day _____
- d. What types of employment are you looking for? E.g. retail, construction, IT, customer service etc.

- e. Do you have a CV? Yes No

5. Education / skills

- a. Please tick all the levels of education you have completed
- | | | | |
|---------------------------------|--------------------------|------------------------------|--------------------------|
| Primary School | <input type="checkbox"/> | Secondary School/High School | <input type="checkbox"/> |
| Further Education / FAS / FETAC | <input type="checkbox"/> | Degree | <input type="checkbox"/> |
| Postgraduate (Masters/PhD) | <input type="checkbox"/> | | |
- b. If you have a Further Education, Degree or Postgraduate qualification please give details:-
- What qualification do you have (including subject)? _____
 - Did you complete it in Ireland? Yes No
 - How long did your qualification take? _____
- c. How strong are your IT skills? Circle a number on the scale (1= low, 5 =high) 1 2 3 4 5
- d. What can you do on a computer? Please list:

- e. If English is not your first language, do you have any English language qualification? Yes No
- f. If yes, what is your qualification? _____
What year did you get it? _____
- g. Do you have a valid Irish driving licence? Yes No

6. Your current situation

- a. Are you receiving a social welfare payment? Yes No
If yes, please give details of payment _____
- b. Are you currently living with your partner and/or other family member(s)? Yes No
- c. If yes, is your partner and/or other family member(s) currently working? Yes No

- d. Do you have any children who are dependent on you? _____ If yes, how many? _____
- e. Are you parenting alone (single parent)? Yes No
- f. Do you have commitments e.g. childcare or part time/ casual employment that could affect your ability to attend the programme? _____
- g. Do you have or are you facing any criminal convictions? Yes No
- You can speak in detail to Business in the Community staff member

7. Accommodation

- a. What type of accommodation do you live in currently?
- Private-rented Family Home
 Hostel Other (Explain) _____
- Have you been homeless within the last two years? Yes No
- b. If yes, please state how long have you been homeless for : _____
 Homeless includes sleeping in the streets/ a squat/ a B&B/ a hostel/ with friends or family on a temporary basis.

8. Health

- a. Do you have any medical problem/condition or medication side effects that we should be aware of?
- Yes No If yes, please give details: _____
- b. Have you ever had a mental health issue? Yes No
- c. Have you ever had a drug/alcohol dependency? Yes No
- You can speak in more detail to a Business in the Community staff member

9. Emergency Contact Details

Please give the name of a person to be contacted in case of an emergency

Name: _____ Relationship to you: _____

Address: _____

Emergency contact phone number: _____

10. Data Protection / Declaration of Consent

The information in this form will be treated confidentially. Please sign below to confirm that the information given is true and complete and that it can be used for the purposes of the programme. False or misleading information may lead to an application being disqualified.

Signed: _____ Date: _____

If you have any questions about this form or our programmes, please contact us:
employmentprogrammes@bitc.ie / 01 8743840 or 01 8743814