



St. Mary's Secondary School

Irishtown, New Ross, Co. Wexford.

Phone: Office 051-421637 Fax: 051-425151

web: www.stmarysnewross.org

email: mercynewross@eircom.net



Note: Copies of completed application forms will be made available to the Selection Board

FORMAT OF APPLICATION FORM MUST NOT BE ALTERED/AMENDED

Application for Post of:

Caretaker, St. Mary's Secondary School, New Ross

1. PERSONAL

[1.1] FULL NAME

.....

[1.2] ADDRESS

.....
.....
.....

[1.3] TELEPHONE: HOME:MOBILE:

EMAIL:

2. EDUCATION – Please include post primary and further education

School/College(s)	Full Course Title	Qualification(s) with grade	Year of Award

3. EMPLOYMENT RECORD

Employer	(Date, Month & Year to be included)		Duties
	From	To	

4. What are the skills you would bring to the role of School Caretaker:-

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.....
.....

5. If you were appointed to the Caretaker's post, list in order of importance what are the top three qualities you would bring to the role:-

.....
.....
.....
.....

6. Indicate briefly why you applied for this position and why in your opinion the board should appoint you:-

.....
.....
.....

7. Any other relevant information:-

.....
.....

8. Interests & Hobbies

Activity	Statement of Level of Involvement	Organisation/ Professional Association (if applicable)

9. REFERENCES

St. Mary's Secondary School will seek a reference from two people one of whom must be your current or most recent employer so please nominate the persons to be contacted. The Candidate must be directly known to the referee.

1. Name:

Address:

Contact Number: _____

2. Name:

Address:

Contact Number: _____

Statement:

In connection with this application for employment, I authorise all corporations, companies, credit agencies, educational institutions, persons, law enforcement agencies and former employers to release information they may have about me to the person or company to which this application has been made and I release them from any liability and responsibility from doing so.

I also assert that to the best of my knowledge and belief that there is nothing, from a child protection perspective, in relation to my conduct, character or personal background of any nature that would adversely affect the position of trust in which I would be placed in relation to children or vulnerable adults by virtue of my appointment to a part-time caretaker position in St. Mary's Secondary School.

I consent to completing a Statutory Declaration form and undergo any Garda Vetting Procedures in relation to this position.

I certify that the above information is correct.

Signature of Applicant: _____

Completed Application should be submitted to:

The Principal, St. Mary's Secondary School, New Ross, Co. Wexford

**Completed application forms to be received not later than 4pm on Tuesday, 7th February, 2012.
Late applications will not be considered. It is the responsibility of each applicant to ensure that all applications are received prior to closing date. Completed applications will be accepted by post or by email but will not be accepted by Fax.**

In order to comply with child protection guidelines the following child protection related Statutory Declaration must be provided by all persons being appointed to teaching and home tutors. A Statutory Declaration is regarded as valid if made in the same or previous calendar year. In addition, the associated undertaking must be signed by all persons prior to commencing the July Provision Programme.

Statutory Declaration

This statutory declaration must be completed prior to a person being appointed to deliver the July Provision Programme unless the person being appointed has previously provided that parent/guardian with a statutory declaration which was made during the same or previous calendar year.

"I _____ of, _____

in the county of _____ aged eighteen years and upwards do
SOLEMNLY AND SINCERELY DECLARE as follows:-

that to the best of my knowledge and belief there is nothing, from a child protection perspective, in relation to my conduct, character or personal background of any nature that would adversely affect the position of trust in which I would be placed in relation to children or vulnerable adults by virtue of my appointment to deliver the July Provision Programme.

Within a child protection context:

- I hereby confirm my irrevocable consent to the parents of the child to whom I have been nominated to deliver the July Provision Programme to the making of such enquiries as they deem necessary in respect of my suitability for the position, in respect of the application for July Provision been made.
- I hereby accept and confirm the entitlement of the parent/guardian of the child I am delivering the July Provision Programme to reject my application or terminate my employment if I have omitted to furnish the parent/guardian of the child to whom I am delivering the July Provision Programme with any information relevant to my application for the position as a tutor for the July Provision Programme.
- I understand that any false or misleading information submitted by me in relation to the sourcing of my position or my continuing role as a tutor for the July Provision Programme provider for the child in question will render me liable to automatic disqualification or render me liable to dismissal in my role as a tutor provider.

And I make this solemn declaration conscientiously believing the same to be true and by virtue of the Statutory Declarations Act 1938.”

Signed: _____ Date: _____

Applicant

Print Name: _____

Declared before me _____[name in capitals] a [notary public][commissioner for oaths][peace commissioner] [practising

solicitor]by _____

*who is personally known to me,

or

*who is identified to me by _____ who is personally known to me,

Or

*whose identity has been established to me before the taking of this Declaration by the production to me of passport no. _____ issued on _____[date of issue] by the authorities of _____[issuing state], which is an authority recognised by the Irish Government]

Or

National identity card no. _____ issued on _____[date of issue] by the authorities of _____ [issuing state] [which is an EU Member State, the Swiss Confederation or a Contracting Party to the EEA Agreement]

Or

[Aliens Passport no. _____(document equivalent to a passport) issued on _____[date of issue] by the authorities of _____ [issuing state] which is an authority recognised by the Irish Government]

Or

Refugee travel document no. _____ issued on _____[date of issue] by the Minister for Justice, Equality and Law Reform]

Or

Travel document (other than refugee travel document) _____ [document no.] issued on _____[date of issue] by the Minister for Justice, Equality and Law Reform

at _____

in the City/ County of _____

on the _____ day of _____ 20__

Signed _____

*Practising Solicitor / Commissioner for Oaths / Notary Public / Peace Commissioner

* Delete as appropriate