

**APPLICATION FOR EMPLOYMENT WITH THE REGISTER OF IRISH SIGN LANGUAGE INTERPRETERS (RISLI)**

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| **POST APPLIED FOR:** | **ADMINISTRATOR**  |

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| **SECTION 1: PERSONAL DETAILS** |
| **First Name** |  |
| **Surname** |  |
| **Contact Telephone Number** |  |
| **Email Address** |  |
| **Address for Correspondence** |  |

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| ***Are there any restrictions on your right to work in the Republic of Ireland?***  | **Yes** [ ]  |  | **No**[ ]  |  |

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| **SECTION 2: PERSONAL STATEMENT*****Please provide a brief summary of your relevant experience and interest in applying for this role (maximum 500 words).*** |
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| **SECTION 3: EDUCATIONAL QUALIFICATIONS** |
| **Title of Award** | **University/College/School** | **Dates of Attendance** | **Final Exam Subjects and Overall Results** |
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| **SECTION 4: PROFESSIONAL QUALIFICATIONS AND MEMBERSHIPS (IF ANY)** |
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| **SECTION 5: PERSONAL STATEMENT*****Please provide a brief summary of your relevant experience of working with the Deaf community or competency in Irish Sign Language (ISL) (maximum 500 words).*** |
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| **SECTION 6: INFORMATION TECHNOLOGY SKILLS** ***Please tick the boxes that apply to you and provide details where asked.*** |
| **Software Type** | **No Knowledge** | **Limited Familiarity** | **Extensive Knowledge** | **Qualification Obtained (please specify the type)** |
| **Microsoft Word** |[ ] [ ] [ ]   |
| **Microsoft Excel** |[ ] [ ] [ ]   |
| **Microsoft Outlook** |[ ] [ ] [ ]   |
| **Microsoft PowerPoint** |[ ] [ ] [ ]   |
| **Database / Statistical**  |[ ] [ ] [ ]  **Name of software:**  |
| **Other (please specify)** |[ ] [ ] [ ]   |
| **SECTION 7: COMMUNITY / VOLUNTEER EXPERIENCE (IF ANY)** |
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| **SECTION 8: EMPLOYMENT HISTORY** ***Please complete a new section for each post held, even within the same organisation. Start with your most recent employment. Include details on volunteer/community experience where relevant.*** |
| **Job Title** |  |
| **Employer Name and Address** |  |
| **Nature of Work** *Please tick the relevant box.* | **Employee** [ ]  **Employment Scheme (e.g. CE, TUS)** [ ] **Volunteer** [ ]  **Intern / Other** [ ]  |
| **Hours of Work***Please tick the relevant box.* | **Part Time** [ ]  **Full Time** [ ]  |
| **Type of Contract***Please tick the relevant box.* | **Fixed-Term** [ ]  **Specified Purpose** [ ] **Permanent** [ ]  **Freelance/Other** [ ]  | **Start Date (M/Y):****Finish Date (M/Y):**  |
| **Main Duties and Responsibilities** |
|  |
| **Key Achievements** |
|  |
| **Reason for Leaving** |
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| **SECTION 8: EMPLOYMENT HISTORY (CONTINUED)** |
| **Job Title** |  |
| **Employer Name and Address** |  |
| **Nature of Work** *Please tick the relevant box.* | **Employee** [ ]  **Employment Scheme (e.g. CE, TUS)** [ ] **Volunteer** [ ]  **Intern / Other** [ ]  |
| **Hours of Work***Please tick the relevant box.* | **Part Time** [ ]  **Full Time** [ ]  |
| **Type of Contract***Please tick the relevant box.* | **Fixed-Term** [ ]  **Specified Purpose** [ ] **Permanent** [ ]  **Freelance/Other** [ ]  | **Start Date (M/Y):****Finish Date (M/Y):**  |
| **Main Duties and Responsibilities** |
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| **Key Achievements** |
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| **Reason for Leaving** |
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| **Job Title** |  |
| **Employer Name and Address** |  |
| **Nature of Work** *Please tick the relevant box.* | **Employee** [ ]  **Employment Scheme (e.g. CE, TUS)** [ ] **Volunteer** [ ]  **Intern / Other** [ ]  |
| **Hours of Work***Please tick the relevant box.* | **Part Time** [ ]  **Full Time** [ ]  **Flexi** [ ]  |
| **Type of Contract***Please tick the relevant box.* | **Fixed-Term** [ ]  **Specified Purpose** [ ] **Permanent** [ ]  **Freelance/Other** [ ]  | **Start Date (M/Y):****Finish Date (M/Y):**  |
| **Main Duties and Responsibilities** |
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| **Key Achievements** |
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| **Job Title** |  |
| **Employer Name and Address** |  |
| **Nature of Work** *Please tick the relevant box.* | **Employee** [ ]  **Employment Scheme (e.g. CE, TUS)** [ ] **Volunteer** [ ]  **Intern / Other** [ ]  |
| **Hours of Work***Please tick the relevant box.* | **Part Time** [ ]  **Full Time** [ ]  |
| **Type of Contract***Please tick the relevant box.* | **Fixed-Term** [ ]  **Specified Purpose** [ ] **Permanent** [ ]  **Freelance/Other** [ ]  | **Start Date (M/Y):****Finish Date (M/Y):**  |
| **Main Duties and Responsibilities** |
|  |
| **Key Achievements** |
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| **Reason for Leaving** |
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| **Job Title** |  |
| **Employer Name and Address** |  |
| **Nature of Work** *Please tick the relevant box.* | **Employee** [ ]  **Employment Scheme (e.g. CE, TUS)** [ ] **Volunteer** [ ]  **Intern / Other** [ ]  |
| **Hours of Work***Please tick the relevant box.* | **Part Time** [ ]  **Full Time** [ ]  |
| **Type of Contract***Please tick the relevant box.* | **Fixed-Term** [ ]  **Specified Purpose** [ ] **Permanent** [ ]  **Freelance/Other** [ ]  | **Start Date (M/Y):****Finish Date (M/Y):**  |
| **Main Duties and Responsibilities** |
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| **Key Achievements** |
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| **Reason for Leaving** |
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| **SECTION 9: KEY COMPENTENCIES FOR THE ROLE*****For each of the competency areas below, briefly highlight specific achievements, contributions or expertise you have developed from your career to date, which demonstrate your suitability to meet the challenges of this role. Further details of the competencies are provided in the candidate pack for this role (maximum 150 words per section).*** |
| 1. **Administration and reporting**
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| 1. **Information Processing and records management**
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| 1. **Team-working and interpersonal skills**
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| 1. **Analysis skills**
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| 1. **Communication Skills**
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| **SECTION 9: REFERENCES*****Please give the names and addresses of two people who have agreed to act as referees for you. One referee must be someone from your current or most recent employer with knowledge of your skills and experience.*** |
|  **Do you require notification before your referees are contacted? Yes** [ ]  **No** [ ] ***Please note that references will not be taken up without the applicants consent.*** |

 **1st Referee**

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| --- | --- | --- | --- |
| **Name** | **Title** | **Company** | **Contact Details** |
|  |  |  | Telephone:Email:  |

**2nd Referee**

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| **Name** | **Title** | **Company** | **Contact Details** |
|  |  |  | Telephone:Email:  |

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| **SECTION 10: APPLICANT DECLARATION** |
| *I declare to the best of my knowledge and belief, all particulars I have given are complete and true. I understand that any false declaration, misleading statement or significant omission may disqualify me from employment and render me liable to dismissal. I understand that a medical may form part of this recruitment process and that any job offer is subject to satisfactory references and sight of educational awards relied upon in this application or at interview and successful completion of a probationary period.***Signed (type or write):** **Date:** *Please note that by submitting this form you give consent to RISLI to use the information in this application form in line with our Data Protection Notice for Job Applicants.* <https://risli.ie/about/policies/gdpr-and-date-protection/> |