



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

POST APPLIED FOR:	ADMINISTRATOR
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SECTION 1: PERSONAL DETAILS	
First Name	
Surname	
Contact Telephone Number	
Email Address	
Address for Correspondence	

Are there any restrictions on your right to work in the Republic of Ireland?

Yes

No

SECTION 2: PERSONAL STATEMENT

Please provide a brief summary of your relevant experience and interest in applying for this role (maximum 500 words).

SECTION 3: EDUCATIONAL QUALIFICATIONS

Title of Award	University/College/School	Dates of Attendance	Final Exam Subjects and Overall Results

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Microsoft Excel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Microsoft Outlook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Microsoft PowerPoint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Database / Statistical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Name of software:
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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 <i>Please tick the relevant box.</i>	Employee <input type="checkbox"/>	Employment Scheme (e.g. CE, TUS) <input type="checkbox"/>	
	Volunteer <input type="checkbox"/>	Intern / Other <input type="checkbox"/>	
Hours of Work <i>Please tick the relevant box.</i>	Part Time <input type="checkbox"/>	Full Time <input type="checkbox"/>	
Type of Contract <i>Please tick the relevant box.</i>	Fixed-Term <input type="checkbox"/>	Specified Purpose <input type="checkbox"/>	Start Date (M/Y): Finish Date (M/Y):
	Permanent <input type="checkbox"/>	Freelance/Other <input type="checkbox"/>	

Main Duties and Responsibilities

Key Achievements

Reason for Leaving

SECTION 8: EMPLOYMENT HISTORY (CONTINUED)

Job Title		
Employer Name and Address		
Nature of Work <i>Please tick the relevant box.</i>	Employee <input type="checkbox"/> Employment Scheme (e.g. CE, TUS) <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern / Other <input type="checkbox"/>	
Hours of Work <i>Please tick the relevant box.</i>	Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Flexi <input type="checkbox"/>	
Type of Contract <i>Please tick the relevant box.</i>	Fixed-Term <input type="checkbox"/> Specified Purpose <input type="checkbox"/> Permanent <input type="checkbox"/> Freelance/Other <input type="checkbox"/>	Start Date (M/Y): Finish Date (M/Y):
Main Duties and Responsibilities		
Key Achievements		
Reason for Leaving		

SECTION 9: KEY COMPETENCIES 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

2. Information Processing and records management

3. Team-working and interpersonal skills

4. Analysis skills

5. Communication Skills

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

Name	Title	Company	Contact Details
			Telephone: Email:

2nd Referee

Name	Title	Company	Contact Details
			Telephone: Email:

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/>