

Application form

for the role of

Programme Coordinator Housing Delivery Coordination Office (HDCO)

3 Year Secondment

Confined to the Local Authority Sector and LGMA Employees



Please submit applications by 5pm 20 February 2024

Applications should be emailed to jobapplications@lgma.ie

# **Section A Personal details**

Name

**Address** 

**Telephone** 

**Email** 

#### **Section B**

### **Education and professional qualifications**

Please provide full details of all your relevant educational, professional, training, and developmental experience in the sections below.

#### 1. Education:

#### **Qualification 1**

Name of qualification

**Grade obtained** 

University, college or Examining authority

#### Qualification 2

Name of qualification

**Grade obtained** 

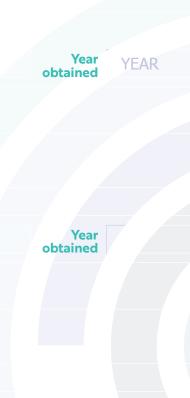
University, college or Examining authority

#### **Qualification 3**

Name of qualification

**Grade obtained** 

University, college or Examining authority



Year

obtained

#### **Section B**

# **Education and professional qualifications**

### 2. Other formal education/training

QualificationExaminationsYearGradesInstitution/(e.g., diploma/leaving)passedobtainedexamining authority

Certification and Qualifications will be subject to verification.

3. Membership of professional associations, institutions, etc.

### **Section C**

### **Employment record**

Please provide details of the context and main responsibilities of your **last four roles** in chronological order starting with your most recent role. Experience prior to these should be entered on the 'career summary' section.

Role 1	
Job title	
Grade	
Name of employer	
Dates from-to	
Salary	
Number of direct reports	
	cription of your main responsibilities below (Word Limit 200*)

# Section C Employment record

Role 2		
Job title		
Grade		
Name of employer		
Dates from-to		
Salary		
Number of direct reports		
	iption of your main responsibilities below (Word Limit 200*)	

# Section C Employment record

Role 3		
Job title		
Grade		
Name of employer		
Dates from-to		
Salary		
Number of direct reports		
	ription of your main responsibilities below (Word Limit 200*)	

# Section C Employment record

|--|

Job title

Grade

Name of employer

**Dates from-to** 

Salary

Number of direct reports

Please enter a description of your main responsibilities below (Word Limit 200\*)

# Career summary Please briefly summarise any other relevant previous experience in the table below.

From	То	Title of role	Employer
YEAR	YEAR		

### **Section D**

### Job specific competencies

Using the spaces below, please, briefly highlight specific achievements, contributions, or expertise you have developed from your career to date, which clearly demonstrates your suitability to meet the challenges at this level.

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### **Section D**

# Job specific competencies continued

Using the spaces below, please, briefly highlight specific achievements, contributions, or expertise you have developed from your career to date, which clearly demonstrates your suitability to meet the challenges at this level.

Performance Through People (Word Limit 200*)					

**Personal Effectiveness** (Word Limit 200\*)

# **Section E**

### Other information

Referees Please fill in the part	iculars of two referees in th	e tables below.	
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# **Section G**

# **Additional information**

A.*	Do yo	u require an	employment per	mit/visa to work	in Ireland? (Mandat	ory Field*)
	Yes		No			
If yes,	please	e state date c	of expiry DD/MM	/YY		
Please n	ote that ar	ny offer of employn	nent will be conditional u	pon the individual being	legally entitled to live and wo	rk in Ireland.
B.*	have s	-	led for any stage		o provide for any ne ion, e.g. Sign Langua	
	i.	Do you cons	ider that you hav	e a disability?		
	Yes		No			
	ii.		e give details of your arrangements fo	•	s, if any, to enable us n.	to make
C.*	Know	ledge of Irish	(Mandatory Fiel	d*)		
	Good		Fair	Not good		
Please n		' means being capa	able of performing the du		the medium of Irish.	

# **Section G**

# **Additional information**

D.*	For re	cord	purpo	ses, de	o you	have a	currei	nt v	alid	drivin	g l	icenc	ce?	Mar	ndato	ory	Field	l*)
	Yes			No		]												
If yes,	please	e state	e if ful	l or pr	ovisio	nal	FULL		PRO	OVISIO	ON	AL						
Please	e state	categ	gory of	vehic	les co	overed	А		В	BE		W		С	CE		C1	С
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E.*	Have y author (Mand	rity o	othe	r pub													l	
	Yes			No														
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### **Section H**

#### **Declaration**

I hereby declare that all particulars in this application are true and correct, to the best of my knowledge and belief.

I give my permission for enquiries to be made to establish such matters as age, qualifications, experience, and character and for the release by other people or organisations of such information as may be necessary to the LGMA for that purpose. This may include enquiries from past/present employers and the submission of this application is taken as consent to this.

I am aware that any canvassing, by me, or on my behalf, will disqualify me from the position I am seeking, and that any employment offered to me is dependent upon the information given herein being correct.

I am aware that false or misleading information or deliberate omissions may result in termination of any employment offered.

SIGNATURE OF APPLICANT	
DD/MM/YY	

The Local Government Management Agency is an equal opportunities employer.

The information supplied in this form is held on the understanding of confidence subject to the requirements of the Freedom of Information Act 2014 or other legal requirements.