

Application form

for the role of:

Assistant Chief Executive Officer- Temporary Acting Up Opportunity

Confined to LGMA Employees



Please submit applications by 1pm on 19th May 2025

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

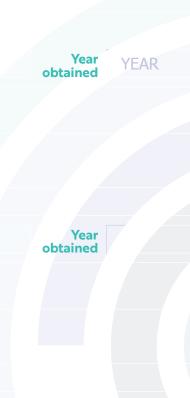
University, college or Examining authority

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

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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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Referee 1 Name osition or occupation Address Email	culars of two referees in th	e tables below.	

Section G

Additional information

A.*	Do yo	u require an	employment	permit/visa to w	ork in Ireland? (Mandat	tory Field*)
	Yes		No			
If yes,	please	e state date o	of expiry DD	/MM/YY		
Please n	ote that ar	ny offer of employ	ment will be condition	onal upon the individual b	peing legally entitled to live and wo	ork in Ireland.
B.*	have s	_	lled for any st		us to provide for any ne etition, e.g. Sign Langua	
	i.	Do you cons	sider that you	have a disability?	,	
	Yes		No			
	ii.			of your requirements for this compet	ents, if any, to enable us	s to make
C.*	Know	ledge of Irish	ı (Mandatory	Field*)		
	Good		Fair	Not good		
Please n		' means being cap		he duties of the office thro	ough the medium of Irish.	

Section G

Additional information

D.*	For re	cord	purpo	ses, d	o you	have a	curre	nt v	alid	driving	g li	icenc	e?	(Mar	ndat	ory	Field	ł*)
	Yes			No														
If yes,	please	e state	e if ful	l or p	rovisi	onal	FULL		PRO	OVISIO)N/	4L						
Please	e state	categ	gory of	f vehi	cles c	overed	А		В	BE		W		С	CI	E	C1	С
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E.*		ity o	othe	r pub		ıntary rvice o											l	
	Yes			No														
	If yes,	pleas	se give	e deta	ils of	grade/	post re	etire	d/re	signed	d fi	rom						

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.