



**Candidate name:**

# **Application form**

for the role of:

Healthy Ireland at  
Your Library  
Co- Ordinator  
Grade 6



**LGMA**

Local Government  
Management Agency

Please submit applications by  
5pm on Friday 29th July.

Applications should be emailed to  
[jobapplications@lgma.ie](mailto: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 YEAR

Year  
obtained

Year  
obtained

Section B  
Education and professional qualifications

2. Other formal education/training

Qualification (e.g., diploma/leaving)	Examinations passed	Year obtained	Grades	Institution/ examining authority
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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

Please enter a description 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

Please enter a description 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	

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

Section C  
Employment record

Role 4

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	To	Title of role	Employer
YEAR	YEAR		
YEAR	YEAR		
YEAR	YEAR		
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.*

#### Management and Change (Word Limit 200\*)



#### Delivering Results (Word Limit 200\*)





## 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

Please specify what other experience or special qualities you have that equip you for this position in the LGMA.

## Section F

### Referees

Please fill in the particulars of two referees in the tables below.

#### Referee 1

Name

Position or occupation

Address

Email

#### Referee 2

Name

Position or occupation

Address

Email

## Section G

### Additional information

**A.\* Do you require an employment permit/visa to work in Ireland? (Mandatory Field\*)**

Yes ☐ No ☐

**If yes**, please state date of expiry DD/MM/YY

Please note that any offer of employment will be conditional upon the individual being legally entitled to live and work in Ireland.

**B.\* We require the following information to enable us to provide for any needs you may have should be called for any stage of this competition, e.g. Sign Language. (Mandatory Field\*)**

i. Do you consider that you have a disability?

Yes ☐ No ☐

ii. If yes, please give details of your requirements, if any, to enable us to make appropriate arrangements for this competition.

**C.\* Knowledge of Irish (Mandatory Field\*)**

Good ☐ Fair ☐ Not good ☐

Please note, 'Good' means being capable of performing the duties of the office through the medium of Irish.

## Section G

### Additional information

**D.\* For record purposes, do you have a current valid driving licence? (Mandatory Field\*)**

Yes ☐ No ☐

**If yes,** please state if full or provisional

☐ FULL☐ PROVISIONAL

Please state category of vehicles covered

☐ A☐ B☐ BE☐ W☐ C☐ CE☐ C1☐ C1E☐ D☐ DE☐ D1☐ D1E

**E.\* Have you ever accepted voluntary redundancy or early retirement from a local authority or other public service organisation by which you were employed? (Mandatory Field\*)**

Yes ☐ No ☐

**If yes,** please give details of grade/post retired/resigned from

## 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.