

**APPLICATION FORM**

**Quality Development Officer**

**(12-month Fixed-Term with potential to extend for up to a further 12 months)**

**Section 1 – Personal and Referee Details**

|  |  |
| --- | --- |
| First Name: | Surname: |
| Correspondence Address:  |
| Home Telephone No.: | Mobile Telephone No.: |
| Email Address: |

Please provide details below of two persons, not related to you, who can give an employer reference. **Please note that we will not contact any referee without prior permission from candidate.**

|  |  |
| --- | --- |
| **Employer Reference 1** | **Employer Reference 2** |
| Name |  | Name |  |
| Position Held |  | Position Held |  |
| Company Name & Address |  | Company Name & Address |  |
| Contact Phone Number |  | Contact Phone Number |  |
| Contact Email Address |  | Contact Email Address |  |

**Section 2 – Education/Training and IT**

**Formal Education:**

|  |  |  |
| --- | --- | --- |
| **Name of University/College/ School** | **Title of Award** | **Results** |
|  |  |  |

**Additional qualifications gained/ professional memberships/ associations (if any):**

|  |  |
| --- | --- |
| **Company/College/Institute**  | **Qualification/Training Course** |
|  |  |

**Please list training/ courses undertaken in the past three years to maintain/ enhance your skills**

|  |
| --- |
|  |

**Information Technology –*Please enter “Yes” where appropriate***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **No Knowledge** | **Limited Familiarity** | **Extensive Knowledge** | **Qualification/Award** **(please give detail)** |
| **Microsoft Word** |  |  |  |  |
| **Microsoft Excel** |  |  |  |  |
| **Microsoft PowerPoint** |  |  |  |  |
| **Outlook/ Email** |  |  |  |  |
| **Project Management Software Packages (please specify)**  |  |  |  |  |
| **Other (please specify)** |  |  |  |  |

**Section 3 – Employment Details *(Please enter a new line for each role)***

|  |  |  |
| --- | --- | --- |
| **Dates****(mm/yy - mm/yy)**  | **Employer Name, Address and Nature of Business** | **Positions held/ Brief Description of Duties** |
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**Section 4 – Supporting Information**

**Please answer each question below (in 300 words or less) making reference to relevant experience gained in your previous employment/ experience, where appropriate:**

|  |
| --- |
| **Please expand, giving details of Company, and Relevant Role(s)** |
| 1. Outline your experience of Project Management to date
 | Maximum 250 words |
| 1. Describe, from your experience in a previous role(s):
	1. How you engaged with multiple stakeholders to assess and scope a project.
	2. Where you have presented findings and secured approval for proposals.
	3. Where you implemented a solution for customers or clients on a recurring issue.
 | Maximum 100 words per question (a-c) |
| 1. Detail your experience developing and implementing productivity, quality, and customer-service standards
 | Maximum 250 words |
| 1. Outline your organisational skills using examples from previous roles illustrating:
	1. strategic planning;
	2. financial reporting;
	3. procurement/tendering;
	4. managing competing priorities.
 | Maximum 100 words per question (a-d)  |
| 1. Provide one example of your approach and achievements as a communicator with respect to each of the following:
2. one-to-one communication,
3. communicating with/presenting to groups
4. managing conflict
 | Maximum 100 words per question (a-c) |
| Set out here any further information that may help in assessing your application. |  |

**Section 5 – Other**

|  |  |
| --- | --- |
| Please note any of your professional, voluntary or personal interests which you consider particularly relevant to the role of Project Manager in Sign Language Interpreting Service (SLIS), noting dates of your involvement/membership (where relevant). |  |
| If you are invited to attend for interview, do you have any particular requirements? If yes, can you detail your requirements? |  |

**Data Protection**

All personal information provided on this application form will be stored securely by the Sign Language Interpreting Service and will be used for the purposes of the recruitment process. Application forms will be retained for a period of eighteen months, and in the case of a successful candidate, for the duration of employment and a minimum of one year thereafter. The information may be made available to members of the Board of the Sign Language Interpreting Service and to the Shortlisting/Interviewing Panel. You may, at any time, make a request for access to the information held about you as outlined. Should you wish to make any changes, or erasures to any of the information stored about you, please contact the Chair of the service.

**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 any job offer is subject to satisfactory references, medical examination, sight of educational awards relied upon in this application or at interview and successful completion of a probationary period.*

**Please enter your name below to confirm agreement with above.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Completed application form along with a covering letter must be submitted as an attachment by no later than
 4pm on 20 September 2018 to:**

**Recruitment@slis.ie**

 **Late or incomplete applications will not be accepted**