



## SHINE Application Form

Please mark the position you are applying for:

- Coordinator**
- Occupational Therapist**
- Chef**
- Kitchen Assistant**
- Household Staff**
- Bus Driver**

The following documentation **must** be brought with you to interview

- Copy of relevant qualification
- Copy of identification (passport or drivers licence)
- Copy of Drivers licence (*Bus Drivers Only*)
- One passport photograph (please sign the back of your photograph)
- Moving and Handling Certificate (training will be provided if necessary)
- Copy of Work Visa or Work Authorisation (**Non-EU residents only**)
- Copy of Garda National Immigration Bureau Card (**Non-EU residents only**)

**Personal Details**

Name		<b><u>ATTACH</u></b> <b><u>SIGNED</u></b> <b><u>PASSPORT</u></b> <b><u>PHOTO</u></b>
Address		
Mobile No.		
Home No.		
Work No.		
Email		
Nationality		
Sex		
Date of Birth		
Next of Kin Name Address Contact No		

How did you hear about SBHI	Newspaper	Radio	Website	Friends	Other

**Relevant Education and Training**

Training College	
Phone No.	
Dates	
Qualifications	

**Relevant Education and Training Cont...**

Training College	
Phone No.	
Dates	
Qualifications	

Training College	
Phone No.	
Dates	
Qualifications	

Have you completed Manual Handling Training?	Yes	No
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<i>Bus Drivers Only</i> Have you completed clamp training? (i.e. clamping wheelchairs onto buses?)	Yes	No
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**Medical**

Do you have any illnesses that may affect your ability to perform your job correctly?	Yes	No
If yes, please give details		
Do you have any other requirements including dietary?	Yes	No
If yes, please give details		

## General

Please detail your experience where applicable of coordinating a team/ catering for large numbers / your driving experience / your occupational therapy experience / your cleaning experience

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What experiences – in employment, education, socially or otherwise – do you have of working with people with disabilities?

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Why would you like to be involved in SHINE?

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**Current / Previous Employment 1**

Employer Name and Address	
Telephone	
Dates	
Position Held	

**Previous Employment 2**

Employer Name and Address	
Telephone	
Dates	
Position Held	

**Referee 1 (Work)**

Name	
Position	
Address	
Telephone	
Fax/email	

**Referee 2 (Character)**

Name	
Position	
Address	
Telephone	
Fax/email	

**I agree to the following:**

- I confirm that the information given on this form is complete and correct.
- I agree to the Association's terms and conditions of employment.
- The Association is authorised to acquire any information sought concerning the application and regarding my work character or skills.
- I agree to treat as confidential any information received concerning the business of the Association or its clients.
- The Association will not be liable for professional negligence, errors, omissions, or accidents whilst you are working with the Association.

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

**DECLARATION**

I,  
**(NAME)**.....  
**(ADDRESS)**.....  
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**HEREBY DECLARE that:**

I have never been arrested for or convicted of any offence or crime (other than an offence under road traffic legislation), either in Ireland or in any other state;

I have never been the subject of a pardon or amnesty or other similar legal action in respect of any offence or crime (other than an offence under road traffic legislation for which a penalty of imprisonment is not enforceable);

I have never unlawfully distributed or sold a controlled substance (drug);

I am not currently nor have I ever been under investigation by the Garda Siochana police force of any state in relation to the commission of a crime (other than an offence under road traffic legislation for which a penalty of imprisonment is not enforceable);

I am not currently nor have I ever been the subject of disciplinary action by any professional or statutory body with responsibility for my profession.

I hereby authorise the Association to make enquiries, for the purpose of verifying any part of this declaration, with An Garda Siochana and/or with any regulatory body. This data will be processed in accordance with the Data Protection Acts, 1988 and 2003.

Signed

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Date

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Thank you for taking the time to complete this application form. The Youth and Respite Manager will be in contact with you in due course if your application is short-listed.