**LIMERICK AND CLARE EDUCATION AND TRAINING BOARD**

**APPLICATION FORM FOR THE POST OF**

**ADMINISTRATOR, MUSIC GENERATION LIMERICK COUNTY**

**FIVE YEAR FIXED TERM CONTRACT**

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| |  |  | | --- | --- | | **APPLICANT NAME:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **POST REFERENCE NO:** | **Ref. No. 23/08** | | **POST TITLE:** | **ADMINISTRATOR, MUSIC GENERATION LIMERICK COUNTY** | | **CLOSING DATE:** | **12 noon, 13th March 2023** |   **Please note:**  This Application Form must be **TYPED.** Handwritten forms will not be accepted.  Boxes may be expanded as required – please comply with maximum word count requirements. |  |
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1. **PERSONAL DETAILS**

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| --- | --- | --- |
| **First Name:** | | **Surname:** |
|  | |  |
| **Home Address:** | | **Correspondence Address: *(if different)*** |
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| **Home Phone Number:** | | **Mobile Phone Number:** |
|  | |  |
| **Email Address:** |  | |

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| **Have you an EU Passport or work permit to work in the Republic of Ireland:** | **YES** |  | **NO** |  |

**PENSION/REDUNDANCY HISTORY:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Are you in receipt of a Pension and/or Redundancy in respect of previous public service employment:** | | | | | |
| Education Sector (Check box as appropriate): | | **YES** |  | **NO** |  |
| Public Service (Check box as appropriate): | | **YES** |  | **NO** |  |
| If you have selected Yes to either of the above please state type of Pension/Pension Strand and/or Redundancy Scheme if applicable |  | | | | |

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| **Irish**: |
| Knowledge/Level of Irish: ( check box ) Good  Fair  Weak  Please note: “good” means being capable of performing the duties of office through the medium of Irish.  Are you a fluent Irish Speaker (check box): Yes  No  Qualifications in Irish (check box): Yes  No  If Yes please provide details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **CURRENT POSITION**

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| --- | --- | --- |
| **Please give details of your current position:** | | |
| **Employer Name and Address:** | **Job Title/Grade:** | **Notice Period:**  *(how soon after an offer of appointment would you be in a position to take up employment)* |
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1. **QUALIFICATIONS**

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| --- | --- |
| **3.1 Primary Degree/Diploma**: | |
| **Title of Degree/Diploma:** | |
| **University/Institute/College:** | |
| **Degree or Equivalent(s) and Grade:** | **Awarding Body:** |
| **Year of Entry:** | **Year Qualified:** |
| **Subjects studied (please indicate first year and final year subjects):** | |

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| --- | --- |
| **3.2 Post Graduate Degrees/Diplomas:** | |
| **Title of Degree/Diploma:** | |
| **University/Institute/College:** | |
| **Degree or Equivalent(s) and Grade:** | **Awarding Body:** |
| **Year of Entry:** | **Year Qualified:** |
| **Subjects studied:** | |

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| --- | --- |
| **3.2 Post Graduate Degrees/Diplomas:** | |
| **Title of Degree/Diploma:** | |
| **University/Institute/College:** | |
| **Degree or Equivalent(s) and Grade:** | **Awarding Body:** |
| **Year of Entry:** | **Year Qualified:** |
| **Subjects studied:** | |

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| --- | --- | --- | --- | --- |
| * 1. **Other Skills Training/Courses relevant to this Post:** | | | | |
| **Length of Course** | **Year completed** | **Title of Skills Training/Courses** | **Award** | **Training/Awarding Body** |
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1. **FORMAL/NON-FORMAL LEARNING**

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| **Give details of other formal/non-formal learning, including IT upskilling, involvement in partnership committees/sub-committees, representative role(s) and other professional development** |
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1. **WORK EXPERIENCE/EMPLOYMENT HISTORY**

| **5.1 Please provide details of your employment history beginning with the most recent position:** | | | |
| --- | --- | --- | --- |
| **Dates (From/To)** | **Name and Address of Employer** | **Position Held/Job Title; Whole-time/Part-time** | **Reasons for Leaving** |
|  |  |  |  |
| **Please give summary of main duties:**  (Be clear about the specific responsibility you had, who you reported to and who you engaged with for each role or project) | | | |

| **Dates (From/To)** | **Name and Address of Employer** | **Position Held/Job Title; Whole-time/Part-time** | **Reasons for Leaving** |
| --- | --- | --- | --- |
|  |  |  |  |
| **Please give summary of main duties:**  (Be clear about the specific responsibility you had, who you reported to and who you engaged with for each role or project) | | | |

| **Dates (From/To)** | **Name and Address of Employer** | **Position Held/Job Title; Whole-time/Part-time** | **Reasons for Leaving** |
| --- | --- | --- | --- |
|  |  |  |  |
| **Please give summary of main duties:**  (Be clear about the specific responsibility you had, who you reported to and who you engaged with for each role or project) | | | |

1. **RELEVANT OTHER EXPERIENCE**

| **Please provide details of your relevant experience in arts/music/general administration if not already provided under ‘Work Experience/Employment History’ above:** | | | |
| --- | --- | --- | --- |
| **Dates (From/To)** | **Name and address of Employer (in the case of voluntary work, name of organisation/group)** | **Position Held/Job Title; Whole-time/Part-time** | **Reason for Leaving** |
|  |  |  |  |
| **Please give summary of main duties:**  (Be clear about the specific responsibility you had, who you reported to and who you engaged with for each role or project) | | | |

| **Dates (From/To)** | **Name and Address of Employer (in the case of voluntary work, name of organisation/group)** | **Position Held/Job Title; Whole-time/Part-time** | **Reason for Leaving** |
| --- | --- | --- | --- |
|  |  |  |  |
| **Please give summary of main duties:**  (Be clear about the specific responsibility you had, who you reported to and who you engaged with for each role or project) | | | |

| **Dates (From/To)** | **Name and Address of Employer (in the case of voluntary work, name of organisation/group)** | **Position Held/Job Title; Whole-time/Part-time** | **Reason for Leaving** |
| --- | --- | --- | --- |
|  |  |  |  |
| **Please give summary of main duties:**  (Be clear about the specific responsibility you had, who you reported to and who you engaged with for each role or project | | | |

1. **THE ROLE AND FUNCTION OF MUSIC GENERATION ADMINISTRATOR**

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| A number of key competencies have been identified as being essential for the effective performance of the role and function of **ADMINISTRATOR, MUSIC GENERATION XXX**  These competencies are as follows:   * Communication Skills * Planning and Organisation * Teamwork * Commitment * Personal/Professional Development |
| **Outline on the following pages how and where you have displayed each of these competencies (no more than 250 words per competency). The example(s) may be drawn from your professional or personal experience.** |

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| --- |
| **7.1 Communication Skills** (Max 250 words): |
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| **7.2 Planning and Organisation** (Max 250 words): |
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| **7.3 Teamwork** (Max 250 words): |
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| **7.4 Commitment** (Max 250 words): |
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| **7.5 Personal/Professional Development** (Max 250 words): |
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1. **QUALITIES AND SKILLS**

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| **Please list three qualities and three skills which you consider most relevant to this post** | |
| Qualities |  |
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|  | |
| Skills |  |
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| **Please list your reasons for applying for this position** (Max 500 words): |
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1. **ADDITIONAL INFORMATION**

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| **Additional Information**  This section is for you to provide any additional information which you consider relevant to your application for the role of Administrator, Music Generation XXX (Max 500 words) |
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1. **REFERENCES**

Please provide names, addresses and position/occupation of two people (other than relatives or friends) with knowledge of you and your work to whom professional reference can be made. One should be your current or most recent employer.

Please note: your referees may be contacted without further communication with you.

**Current or most recent employer:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name and Title:** | **Position Held:** | **Telephone/Mobile:** | **Email:** |
|  |  |  |  |
| **Full address:** | | | |
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**Other referee:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name and Title:** | **Position Held:** | **Telephone/Mobile:** | **Email:** |
|  |  |  |  |
| **Full address:** | | | |
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1. **DECLARATION**

**If this section is not completed, your application will not be considered for processing.**

Have you been investigated by the Gardaí, HSE, or your employer in relation to substantiated complaints made concerning your treatment of children?

YES  NO

Were you the subject of any allegation of criminal conduct or wrongdoing towards any individual(s)?

YES  NO

Are you aware of any material circumstance in respect of your own conduct which impinged or impinges on the welfare of a minor?

YES  NO

Are you aware of any material circumstance in respect of your own conduct which impinged or impinges on the welfare of an adult?

YES  NO

|  |
| --- |
| **If you selected Yes for any of the above, please provide details:** |

Please note that it is a fundamental term of your employment that you make appropriate full disclosure in respect of the questions outlined above. You should also note that if XXXX (*Lead partner name*) is satisfied, in the future, that you have made an incomplete or inaccurate disclosure, you may face disciplinary action, up to and including dismissal.

Limerick and Clare Education and Training Board undertakes that all responses furnished by you in respect of the above questions will be treated as confidential, subject to any reporting obligations which may be imposed on the Limerick and Clare Education and Training Board, pursuant to “Children First” published by the Department of Children and Youth Affairs, the Child Protection Procedures published by the Department of Education or pursuant to any legal obligation imposed on the centre to facilitate the effective investigation of crime.

In the event of your being recommended for appointment to this position of Administrator Limerick and Clare Education and Training Board is obliged to comply with the terms of current Department of Education Circular Letters.

Limerick and Clare Education and Training Board policy is that all newly appointed staff will be vetted via the National Vetting Bureau (NVB) and that the outcome of the vetting will be considered in the light of Limerick and Clare Education and Training Board vetting policy. This applies in respect of all appointments in Limerick and Clare Education and Training Board settings.

1. **DECLARATION AND SIGNATURE**

You are required to sign the declaration below certifying that all information you have provided is accurate.

The Selection Committee may wish to check any of the details you have provided.

Providing incorrect information or deliberately concealing any relevant facts may result in disqualification from the selection process or, where discovery is made after an appointment, in summary dismissal.

I declare that the information supplied in this application form is accurate and true.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Shortlisting of applicants may apply. Late and/or incomplete applications will not be considered.

Limerick and Clare Education and Training Board is registered as a Data Controller.

Limerick and Clare Education and Training Board is an equal opportunities employer*.* Recruitment to posts within Limerick and Clare Education and Training Board is on the basis of merit as assessed at interview and supported by references.