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| **Reference Number:**  **LHC** | **Title of Post:**  **Relief Community Facilitator** | **Location of Post:** |

**PERSONAL DETAILS**

|  |  |
| --- | --- |
| Surname: | Previous Surnames: |
| First Names (in full): | Address: |
| E-mail Address: caroline1012010@hotmail.com  PPS Number: | Telephone No (including std code):  Mobile Telephone No: |

**APPLICANTS MUST BE CURRENTLY ELIGIBLE TO WORK IN IRELAND**

Are you currently eligible to work in Ireland? Yes/No

**APPLICANTS MUST HAVE A FULL AND CLEAN IRISH OR UK DRIVERS LICENCE**

Do you have a full and clean Irish or UK Drivers Licence? Yes/No

**All applicants must have a full and clean Irish/UK Driving Licence or other relevant driving licence that allows them to drive in Ireland and meet the needs of Lumen HealthCare insurance.**

##### EMPLOYMENT

**PRESENT OR MOST RECENT POST**

**Please complete the section below starting with your current or most recent employer. Please complete in full and give reasons for any gaps in employment in the Additional Employment Information section.**

|  |  |
| --- | --- |
| Employer Name: | Date employment commenced  Date Left (if applicable)  Salary |
| Job Title |
| Notice Period |
| Reason for leaving: | |

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| --- | --- | --- | --- | --- | --- |
| PREVIOUS POSITIONS All previous employment must be accounted for in your application. | | | | | |
| Employer name | Position held | Duties and responsibilities | From | To | Reason for Leaving |
| DD/MM/YY | DD/MM/YY |
|  |  |  |  |  |  |
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**DEMONSTRATING YOUR ESSENTIAL EXPERIENCE**

**The following sections ask you to outline how you meet the essential experience and desirable criteria specified in the Personnel Specification. Applicants must clearly demonstrate experience giving examples and provide full details of any relevant qualifications with the grade /level obtained. If you fail to deal with each experience criterion in the personnel specification the selection panel will find it difficult to assess your application form and may be unable to invite you to interview. The selection panel will not make assumptions as to the skills, knowledge and experience you may have gained.**

**Essential Criteria - Experience**

**Experience of caring for or working with adults, either paid or on a voluntary basis, who require support with practical tasks and/or providing emotional support.**

Please provide detailed information demonstrating how you meet this criterion.

**Essential Criteria - Skills & Experience:**

**- Ability to use initiative**

**- Good interpersonal skills**

**- Good oral and written communication skills**

Please provide detailed information demonstrating how you meet this criterion.

**Essential Criteria – Circumstances:**

**-Possess a full current driving licence that allows you to drive in ROI and use of a vehicle.**

**-Eligible to work in Ireland**

**- To be flexible as the role involves relief cover on a rota/shift basis.**

Please provide detailed information demonstrating how you meet this criterion.

**PERSONAL DECLARATION**

|  |
| --- |
| I declare that to the best of my knowledge the information given is honest and accurate. I understand that any wilful misstatement or mission renders me liable to disqualification or, if appointed, to dismissal.    I understand that the appointment is subject to receipt of satisfactory reference, pre-employment health assessment, the verification of qualifications required for the post (as per the personnel specification) and appropriate disclosure check when relevant. Please be advised that Lumen HealthCare adheres to the National Vetting Bureau of An Garda Siochana Code of Practice and has a procedure on the recruitment of ex-offenders.    **Signature: Date:** |

**NOTE TO APPLICANTS:**

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| --- |
| * **Application forms must be completed in full.** * **Applicants must be currently eligible to work in Ireland.** * **Application forms received after the deadline date and time will not be accepted.** * **Please return the Equal Opportunities Monitoring Form with your application.** |

**Completed application forms should be returned by the closing date 8th September 2025**

**to:** [**s.wilson@lumenhealthcare.org**](mailto:s.wilson@lumenhealthcare.org)