



cmetb

Bord Oideachais agus Oiliúna
an Chabháin agus Mhuineacháin
*Cavan and Monaghan
Education and Training Board*



TRAINEESHIP APPLICATION FORM

Traineeship Course:

PERSONAL DETAILS

Name:

Address:

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.....

Phone (home): **(mobile):**

Email Address:

Date of Birth: **PPS Number:**

Are you in receipt of a Social Welfare payment? Yes / No

If so which payment:

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EDUCATION LEVEL

Please tick the box that is relevant to your current level of education:

QQI/FETAC Course: Year Completed:

Name of Award:

Leaving Certificate: Year Completed:

Leaving Certificate Applied (LCA): Year Completed:

Junior Certificate: Year Completed:

Other (state): Year Completed:

EDUCATION DETAILS

From - To

Name of School/College & Address

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EMPLOYMENT HISTORY

From - To

Employer's Name, Address & Telephone Number

Position

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State briefly the reasons why you wish to undertake this Traineeship:

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I agree to abide by the Code of Practice and Contract of this Traineeship

Signature:

Date:

This application form should be completed and returned to : Siobhan Mulleary, Traineeship Recruitment, CMETB, Unit 4, Church View Square, Cavan.

To email your application form please rename it '**YourName-Traineeship Application**' and then forward it to: **training@cmetb.ie**

Please state where you heard about this Traineeship:

Career Guidance Newspaper Radio Social Media Website Employer