# 

# Traineeship Application Form

# *Traineeship Course: Laboratory Assistance – Monaghan Mushrooms*

# 

## Personal details

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  |  |  |
|  | First | Last |  |  | Title |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | House Name, Street Address |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | Town/County | Eirecode |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Birth: | / / | PPS No.: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Are you Currently in receipt of a Social Welfare Payment? | YES | NO | |  |  |  | | --- | --- | --- | | If yes, specify, |  |  | |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Where you ever employed by the company you wish to complete the traineeship with? | YES | NO | |  |  |  | | --- | --- | --- | | If yes, specify, |  |  | |  |

## Education

List your highest qualification. Minimum requirement Leaving Certificate or Equivalent; QQI Level 4 Award or relevant experience.

|  |  |  |  |
| --- | --- | --- | --- |
| School/College: |  | Address: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  |  |  |  | Qualification: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| School/College |  | Address: |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Qualification: |  |  |

|  |  |  |  |  |
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| School/College: |  | Address: |  |  |

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| --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  |  | Qualification: |  |

## Previous Employment

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Company: |  | | |  |  | |
|  |  | | |  |  | |
| Job Title: |  |  |  |  | |  |

|  |  |
| --- | --- |
| Responsibilities: |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: | |  | To: |  | | Reason for Leaving: | |  | | |
|  | |  |  |  | |  | |  | | |
| Company: |  | | | | | | |  |  | |
|  |  | | | | | | |  |  | |
| Job Title: |  | | | |  | |  |  | |  |

|  |  |
| --- | --- |
| Responsibilities: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Reason for Leaving: |  |
|  |  |  |  |  |  |

## Additional Information

|  |  |  |  |
| --- | --- | --- | --- |
| Provide any additional information to support your application. Specifically include:   1. Any experience you think relevant and include examples of knowledge/expertise/skills. 2. Detail any subjects relating to your traineeship. 3. Information on why you have applied for this Traineeship? |  | Phone: |  |

## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

*I agree to abide by the code of practice and contract of this traineeship.*

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

**For more information Tel: 049 4353923 Email:** [training@cmetb.ie](mailto:training@cmetb.ie) **Please note if shortlisted you will be asked to provide contact details of one reference.**

**Return your application via email to** [training@cmetb.ie](mailto:training@cmetb.ie) **or alternatively post to CMETB, Recruitment Office, FET Campus, CMETB, Dublin Road, Cavan, Co. Cavan.**

**Where did you hear about this course?**

**Guidance Counsellor  Newspaper  Radio  Social Media  Website  Employer  Other**