#

# Traineeship Application Form

# *Traineeship Course:*

#

## Personal details

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

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

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | Town/County | Eircode |  |

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

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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 requirements apply specific to your traineeship or relevant experience.**

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

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

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

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

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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 this 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 am aware that providing incorrect information or deliberately concealing relevant facts may result in disqualification from the selection process, or, where discovery is made after recruitment, in summary dismissal from the programme.

*I agree to abide by the Code of Practice and Contract of this traineeship, if selected.*

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

**Personal Data on this Form**

The information provided on this form will be retained and used by Cavan and Monaghan ETB Training Services. The information provided will be shared with traineeship providers. For further information on what data we collect, why we collect it, how we use it and the legal basis for same, please go to our Data Privacy Notice available in your pack and at <http://cavanmonaghan.etb.ie/data-protection/>

**For more information:**

**Tel: 049 4353923**

**Email:** training@cmetb.ie

**Return your application via email to** training@cmetb.ie

**or alternatively post to:**

**CMETB,**

**Recruitment Office,**

**FET Campus,**

**CMETB,**

**Dublin Road,**

**Co. Cavan,**

**H12 FW53**

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

[ ]  **School Guidance Counsellor** [ ]  **Adult Guidance Counsellor** [ ]  **Newspaper** [ ]  **Radio,**

[ ]  **Facebook** [ ]  **Instagram** [ ]  **LinkedIn**

[ ]  **Website** [ ]  **Employer** [ ]  **Road Signs**

[ ]  **Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Office Use Only**

**Specify where heard of traineeship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Input on PLSS**

**Administrator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**