

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.: _____

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?**

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?

- | | | | |
|--|--|-------------------------------------|---------------------------------|
| <input type="checkbox"/> School Guidance Counsellor | <input type="checkbox"/> Adult Guidance Counsellor | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Radio, |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Instagram | <input type="checkbox"/> LinkedIn | |
| <input type="checkbox"/> Website | <input type="checkbox"/> Employer | <input type="checkbox"/> Road Signs | |
| <input type="checkbox"/> Other, please specify _____ | | | |

Office Use Only

Specify where heard of traineeship: _____

Input on PLSS

Administrator: _____ Date: _____