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| A black and white sign  Description automatically generated with medium confidence |

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| **Community Safety Coordinator –** **Local Community Safety Partnership (LCSP)** |

Candidates should ensure that they have read the **Candidate Information Booklet** prior to completing this application form.

Completed application forms inclusive of all required documentation must be submitted in **PDF format** **only (one single document) via email only -** **jobs@leitrimcoco.ie** - to arrive not later than **4.00 p.m. on Thursday, 24th October 2024.**

**Please quote ‘Community Safety Coordinator Application’ followed by your name in the subject line of the email.**

**Note: Hard copy Application Forms will not be accepted**

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| **PERSONAL INFORMATION** |

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| **Surname:** | **Forename (s):** |
| **Address:** |
| **Home Telephone Number:** |  |
| **Mobile Number:** |  |
| **Email Address:** |  |

**Communication with candidates will be via email. Please ensure you have included your PERSONAL email address. Any change to personal details (including email address) must be notified to HR Department immediately. Please note that the onus is on the applicant to ensure that they check their email for any correspondence which may issue in relation to this competition.**

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| (a) Do you possess a full-unendorsed driving licence? | **Yes** |  | **No** |  |
| (b) Do you have access to your own vehicle? | **Yes** |  | **No** |  |
| (c) Categories of Vehicles Covered & Expiry Date: |  |
| **NB: A copy of your current driving licence must be submitted with your application form** |

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| **EDUCATION AND TRAINING** |

**Please refer to Candidate Information Booklet for details of Educational Requirements – copy of relevant Educational Certificate(s) (Leaving Certificate/Leaving Certificate Vocational Programme or equivalent examination/third level degree) must be included with your application. Applications received without the necessary educational documentation as outlined above will be deemed ineligible and will not be considered further.**

**2nd Level Qualifications:**

**Title of Examination(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School Attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Year(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Leaving Certificate / A Levels / Equivalent Examination Results:**

**Note**: If you have taken subjects in different examination years, please show each year’s results separately

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| **Leaving Certificate or equivalent Examination Results** |
| **Subject** | **Higher** | **Ordinary** | **Grade** |
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| **3rd Level Qualifications** |
| **Full Title of****Qualification(s) held**(Degree, Diploma, Certificate etc) | **Duration of Course:** | **Subjects in Final Exams** | **Awarding Body** i.e. Name of University, College, Examining Authority | **Level of Qualification Obtained (in the National Framework of Qualifications)**(eg. Level 7, Level 8 etc) | **Year Qualification was Awarded** |
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| **Other Relevant Qualifications/Training Courses** |
| **Name of Course** | **Description of Course Content** | **Date(s)** | **Course Provider** |
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***If required additional information can be provided on a separate sheet***

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| **EMPLOYMENT RECORD** |

**BRIEF SUMMARY OF WORK EXPERIENCE** (starting with your current/most recent role):

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates** | **Employer** | **TITLE & GRADE OF POST**  | **Post Status:****Permanent/ Temporary/Acting** |
| **Period in Months** | **From** | **To** |
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**EMPLOYMENT RECORD:** (starting with your current/most recent role):

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| --- | --- |
| **Employer:** |  |
| **Address:** |  |
| **Nature of Business:** |  |
| **Position Held:** |  | **Grade (if applicable):** |  |
| **Permanent, Temporary or Acting:** |  | **Part Time or Full Time:** |  |
| **Dates:** | **From** | **To** | **Duration in Months:** |  |
|  |  |
| **Description of main duties and responsibilities** |
| **Reason for Leaving this Post:** |  |

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| --- | --- |
| **Employer:** |  |
| **Address:** |  |
| **Nature of Business:** |  |
| **Position Held:** |  | **Grade (if applicable):** |  |
| **Permanent, Temporary or Acting:** |  | **Part Time or Full Time:** |  |
| **Dates:** | **From** | **To** | **Duration in Months:** |  |
|  |  |
| **Description of main duties and responsibilities** |
| **Reason for Leaving this Post:** |  |

**Employment Record cont’d…**

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| **Employer:** |  |
| **Address:** |  |
| **Nature of Business:** |  |
| **Position Held:** |  | **Grade (if applicable):** |  |
| **Permanent, Temporary or Acting:** |  | **Part Time or Full Time:** |  |
| **Dates:** | **From** | **To** | **Duration in Months:** |  |
|  |  |
| **Description of main duties and responsibilities** |
| **Reason for Leaving this Post:** |  |

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| **Employer:** |  |
| **Address:** |  |
| **Nature of Business:** |  |
| **Position Held:** |  | **Grade (if applicable):** |  |
| **Permanent, Temporary or Acting:** |  | **Part Time or Full Time:** |  |
| **Dates:** | **From** | **To** | **Duration in Months:** |  |
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| **Description of main duties and responsibilities** |
| **Reason for Leaving this Post:** |  |

**Employment Record cont’d…**

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| **Employer:** |  |
| **Address:** |  |
| **Nature of Business:** |  |
| **Position Held:** |  | **Grade (if applicable):** |  |
| **Permanent, Temporary or Acting:** |  | **Part Time or Full Time:** |  |
| **Dates:** | **From** | **To** | **Duration in Months:** |  |
|  |  |
| **Description of main duties and responsibilities** |
| **Reason for Leaving this Post:** |  |

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| --- | --- |
| **Employer:** |  |
| **Address:** |  |
| **Nature of Business:** |  |
| **Position Held:** |  | **Grade (if applicable):** |  |
| **Permanent, Temporary or Acting:** |  | **Part Time or Full Time:** |  |
| **Dates:** | **From** | **To** | **Duration in Months:** |  |
|  |  |
| **Description of main duties and responsibilities** |
| **Reason for Leaving this Post:** |  |

**Employment Record cont’d…**

|  |  |
| --- | --- |
| **Employer:** |  |
| **Address:** |  |
| **Nature of Business:** |  |
| **Position Held:** |  | **Grade (if applicable):** |  |
| **Permanent, Temporary or Acting:** |  | **Part Time or Full Time:** |  |
| **Dates:** | **From** | **To** | **Duration in Months:** |  |
|  |  |
| **Description of main duties and responsibilities** |
| **Reason for Leaving this Post:** |  |

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| --- | --- |
| **Employer:** |  |
| **Address:** |  |
| **Nature of Business:** |  |
| **Position Held:** |  | **Grade (if applicable):** |  |
| **Permanent, Temporary or Acting:** |  | **Part Time or Full Time:** |  |
| **Dates:** | **From** | **To** | **Duration in Months:** |  |
|  |  |
| **Description of main duties and responsibilities** |
| **Reason for Leaving this Post:** |  |

Additional sheets may be included as required (information to be set out in the same manner as above).

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| **COMPETENCY ASSESSMENT** |

For each of the areas below, please provide a recent **specific example** of your achievements. You should limit your example to **no more than 300 words** and ensure that you provide **specific details about the task or project, your own role and the outcome and how it shows your suitability to meet the challenges of this role.**

Please refer to the **Candidate Information Booklet** for further details on the competencies for this role and to the **‘Ideal Candidate’** section of the booklet in choosing your examples.

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| **Management and Change:****(max 300 words)** |
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| **Delivering Results:****(max 300 words)** |
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| **Leading, Motivating and Managing Performance:****(max 300 words)** |
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| **Personal Effectiveness:****(max 300 words)** |
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| **Please indicate any particular experience and/or achievements which you consider an Interview Board should be aware of when assessing your application for this post.** |
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| **Other Information****(Please answer all questions below)** |
| 1. **Do you claim to fulfil all the requirements set out for this position?**
 | **Yes** | **No** |
|  |  |
| 1. **Are you at present or have you been in the past employed in the Public Sector?**
 | **Yes** | **No** |
|  |  |
| **If YES, please give details:** |
| 1. **Give particulars of Service (if any) in the Defence Forces or Auxiliary Defence Services:**
 |
| 1. **Are you at present or have you been in the past 12 months, a Member of any Local Authority or Committee of a Local Authority?**
 |
| 1. **Name the post (if any) you hold at present – including grade as relevant:**
 |
| 1. **Did you receive an ex-gratia payment from a Public Service Body under any redundancy scheme in the past two years?**
 | **Yes** | **No** |
|  |  |
| **If YES, please give details of the relevant Public Service Body:** |
| 1. **If offered appointment, when could you take up duty?**
 |  |
| 1. **Do you consider that you have a disability?**
 | **Yes** | **No** |
|  |  |
| **If YES, please give details of the nature of your disability and your requirements, if any to enable us to make appropriate arrangements for this competition:**Information about disability is only requested on the application form in orderthat appropriate arrangements for an interview can be made if necessary. |

**References:**

Give here the names of two responsible persons to whom you are well known but not related and who will supply a reference (If you are or have been in employment, one of the referees should be an existing or former employer).

Do you consent to the Council contacting your referees? **YES NO**

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| **FIRST REFEREE** | **SECOND REFEREE** |
| **Name:** | **Name:** |
| **Occupation:** | **Occupation:** |
| **Address:** | **Address:** |
|  |  |
|  |  |
|  |  |
| **Telephone No.:** | **Telephone No.:** |
| **Email:** | **Email:** |

Before signing this form, please ensure that you have replied fully to all questions.

I confirm that I have read the Candidate Information Booklet and I comply with the criteria as outlined. I authorise Leitrim County Council to use the personal data supplied by me for the sole purpose of this competition.

I certify that the information furnished in this application form is correct and I hereby authorise Leitrim County Council to seek any additional information that they may require in connection with my application for the post.

## Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE SUBMIT APPLICATION FORM AND ANY SUPPORTING DOCUMENTS IN PDF FORMAT AS ONE SINGLE DOCUMENT VIA EMAIL NOT LATER THAN:** **4.00 p.m. on Thursday, 24th October 2024**

**to** **jobs@leitrimcoco.ie****.**

**Please quote ‘****Community Safety Coordinator Application’ followed by your name in the subject line of the email.**

### LEITRIM COUNTY COUNCIL IS AN EQUAL OPPORTUNITIES EMPLOYER

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| **COMMUNITY SAFETY COORDINATOR** |

IMPORTANT CHECKLIST

PLEASE READ PRIOR TO SUBMITTING APPLICATION FORM

1. Before signing this form, please ensure that you have replied fully to all the questions asked.

All Sections/Questions in this Application Form must be completed in full **(a Curriculum Vitae will NOT be considered).** In order to ensure that each candidate is treated fairly and equally the interview board will only be provided with candidates’ application forms.

1. Once the application form is submitted to the Human Resources Department of Leitrim County Council, candidates are not permitted to alter/make additions or make deletions to their application in any way.
2. Please ensure that you satisfy the essential requirements for this post (as specified in the Candidate Information Booklet). Leitrim County Council cannot undertake to investigate the eligibility of candidates in advance of the interview/examination and hence persons who are ineligible but nevertheless enter may thus put themselves to unnecessary expense. Leitrim County Council will not be responsible for any expenses which may be incurred by the candidate in attendance for interview.

Candidates must submit copy of relevant educational qualifications with their application. Applications received without the necessary documentation will be deemed ineligible and will not be considered further.

**Candidates must also hold a current valid and unendorsed driving licence in respect of category B vehicles. A copy of Licence must be submitted with your application**

All **incomplete applications** will be deemed **INVALID** after the closing date and will not be included in the competition.

1. Leitrim County Council may decide, by reason of the number of persons seeking admission to the competition to carry out a shortlisting procedure. **Shortlisting will be based on the information provided on the application form.** The number of persons to be invited to interview shall be determined by Leitrim County Council.
2. Application forms must be **received** **in PDF Format only (one single document)** fully completed and inclusive of all the requested documentation via email only to **jobs@leitrimcoco.ie** not later than **4.00 p.m. on Thursday, 24th October 2024.** Hard copy applications will **NOT** be accepted.
3. Applications received after the closing **date and time** will not be considered.
4. Candidates will receive an automatic acknowledgement when they submit their application form to the above email. You should check your Spam/Junk Folders in the event that you do not receive this acknowledgement. The onus is on the candidate to ensure that their application has been received and acknowledged.
5. The responsibility rests with the applicant to ensure that their application is **received** by the Human Resources Department of Leitrim County Council on time. Candidates should ensure that they give themselves sufficient time to allow for any unforeseen circumstances which may arise and which may impact on their application form not being **received** on time.