**Comhairle Contae An Chabháin**

**Cavan County Council**

**Application Form**



**Cavan County Council is an equal opportunities employer**

Position: **Sláintecare Local Community Development Officer & Healthy County Co-Ordinator (Administrative Officer)**

The latest date for the receipt of completed Application Forms is **5.00 p.m. on Monday 27th October, 2025.**

**Completed application forms should be emailed to** [**jobs@cavancoco.ie**](mailto:jobs@cavancoco.ie)

**1.** Name in full (Block Letters)

**2.** Postal Address (Block Letters)

**3.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Contact Details:** | | | |
| Work Phone: |  | Extn Number: |  |
| Home Phone: |  | Mobile Number: |  |
| Email Address: |  | | |

**4.** Do you hold a current full driving licence  **Yes No**

**5.** Do you require a work visa/work permit **Yes No**

**6. Education**

**General Education**

|  |  |  |  |
| --- | --- | --- | --- |
| Period | School or College Attended | Examinations Taken (with dates) | Results |
|  |  |  |  |

**Where applicable, please submit copy of Leaving Certificate results with application**

**Academic, Professional Or Technical Qualifications (if any)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Period | Name of College/ University | Part/Full Time | Course & Qualification | Grade & Year Obtained |
|  |  |  |  |  |

**Where applicable, please submit copy of qualification with application.**

**Other Relevant Training (if any)**

|  |  |  |
| --- | --- | --- |
| Date | Other Relevant Training (course name) | Qualification received |
|  |  |  |

**NOTE:- Certification & qualifications will be subject to verification post interview and prior to appointment.**

**7. Career History**

**Particulars of present appointment**

|  |  |
| --- | --- |
| Employer: |  |
| Position Title: |  |
| Address: |  |
| Perm/Temp: |  |
| Start Date: |  |
| Describe briefly your present position, outlining your main responsibilities  and activities, to whom you are responsible and who, if anyone, is responsible to you. | |

**8. Previous Employment Record**

Give below, in date order, full particulars of all employment starting with your position immediately preceding your present position to date of leaving school or college. No period between these dates should be left unaccounted.

|  |  |  |  |
| --- | --- | --- | --- |
| From | To | Name and Address of Employer | Job Title  Description of duties/main responsibilities |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**9. Supplementary Questions Section for the post of Sláintecare Local Community Development Officer and Healthy County Co-ordinator**

In each of the competency areas below briefly detail two examples which you feel best demonstrates your capacity in the competency area described. You may use the same example across more than one competency area should you so wish. Your examples should show clearly how you have demonstrated the particular competency. You should be mindful that the scale and scope of the examples given demonstrate the competency in question and are appropriate to a post at Sláintecare Local Community Development Officer and Healthy County Co-ordinator level. (**See Candidates Information Booklet)**

**NB: Examples should not exceed 300 words under each heading.**

|  |
| --- |
| 1. **Management & Change** |
|  |
| **Total No of Words (Max 300):** |
| 1. **Delivering Results** |
|  |
| **Total No of Words (Max 300):** |
| **C. Performance through People** |
|  |
| **Total No of Words (Max 300):** |
| **D. Personal Effectiveness** |
|  |
| **Total No of Words (Max 300):** |
| **Please include below a brief statement (no longer than 300 words) outlining why you wish to be considered for the position and where you feel your knowledge, experience and skills meet the requirements of the position** |
|  |
| **Total No of Words (Max 300)** |

**11.** **References:**

Give names and addresses of two responsible persons to whom you are

well known, but not related. The Council will assume permission to contact

referees ***unless*** the Applicant has stated otherwise.

**(1)**

Name

Address

Occupation

***(2)***

Name

Address

Occupation

**12.** Are you now, or have you been within the past 12 months a member of a

Local Authority?

**Yes No**

**13.** Are you in receipt of a superannuation allowance in respect of an office under

a Local Authority? Is so, give particulars of pension,

office of employment, grounds and date upon which is was granted.

**Yes No**

**14.** Do you require any special facilities/arrangements for the interview

(e.g. wheelchair access etc)

**Yes No**

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

asked. You should also satisfy yourself that you are eligible under the qualifications.

**I, the undersigned, hereby declare all the foregoing particulars to be true.**

Signature of Applicant

Date

**Communications relating to your application will be by email to the address provided.**

**N.B. Canvassing by or on behalf of the applicant will disqualify**

**Notes**

**Applicants should read these notes and the Candidates Information Booklet carefully before completing the application form.**

**Completion of the Application Form**

Before you return your application form, please ensure that you have completed all sections and that you have signed the application form. It is the responsibility of candidates to establish their eligibility for the post through the information provided in the application form.

Please do **not** submit a CV with this application. Only information contained in the application form will be considered when assessing an applicant’s suitability for the post.

Candidates may be short-listed on the basis of information supplied on this application form.

Please ensure that you have certified copies of all qualifications, as indicated on this application form, available for inspection, if requested.

**Submission of Application Form**

Completed application forms should be returned as an attachment in either Word or PDF format by **email only** to [jobs@cavancoco.ie](mailto:jobs@cavancoco.ie).

Please include ***“Sláintecare Local Community Development Officer and Healthy County Co-ordinator”*** as a reference in the subject line when emailing the application.

Completed applications must be received not later than **5.00 pm on Monday 27th October, 2025.**

Late applications will not be accepted.

**Proof of receipt of Application Form**

Applications submitted by email will be acknowledged automatically. Please keep this acknowledgement as proof of delivery and receipt of your application.

If you do not receive an acknowledgement within 24 hours, please contact the Human Resources Department immediately at 049 4378300. It is the responsibility of candidates to ensure the proper delivery and receipt their applications.

**Further Queries**

By email: [jobs@cavancoco.ie](mailto:jobs@cavancoco.ie)

By telephone: 049 4378300

**Important!**

**Canvassing by or on behalf of the applicant will automatically disqualify*.***

**Cavan County Council is an Equal Opportunities Employer**