**Wexford County Council**

**Application for**

**Summer Student Scheme 2020**

**Closing date for receipt of applications is 5.00 pm on THURSDAY 12th MARCH 2020**

1. NAME IN FULL (use BLOCK LETTERS):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2.** POSTAL ADDRESS (Notify at once, in writing, any change of address):

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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**3.** Tel. No(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Home) (Mobile)

**4.** E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5.** Do you claim to fulfill all the requirements set out in the Qualifications for the post?**Yes** **No**

**6**. REFERENCE: (Please give below the name and address of your present or most recent employer, or responsible person, to whom you are not related, whom we can contact for a reference).

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Address** | **Relationship to you** | **Contact Details** |
|  |  |  | Phone: Email:  |

Do you have any objections to the Council seeking reference ?

 Yes: No:

***As applicants may be shortlisted on basis of information supplied in application forms you should ensure that information given is sufficiently comprehensive.***

7. Current Educational Status:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title of 3rd Level Course currently being undertaken** | **Level** | **Subjects**  | **University, College or Examining Authority** | **Course Duration** | **Years completed as of June 2020** |
|  |  |  |  | Start dateFinish date |  |

|  |
| --- |
| **8. Placement Sought:****Area(s) in respect of which placement is sought bearing in mind that course as specified above must be relevant to these areas.** **(Interest may be expressed in a Maximum of 2 of the advertised areas, please indicate below in order of preference):**1. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
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Please indicate the particular qualities or experience you possess that will enable you to contribute to the work of the Council in this position.

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**Do you require any special facilities/arrangements for interview? (If yes, please specify):-**

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I hereby declare that I fulfill all the requirements set out in the Qualifications, that the information given in this form is correct and give my permission for enquiries to be made to establish such matters as qualifications, experience and character and for the release by other people or organisations of such information as may be necessary for that purpose. This may include enquiries from past/present employers and the submission of the application is taken as consent to this.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note to candidates:**

###### The completed application forms must be Typed and submitted by email only to recruitment@wexfordcoco.ie no later than 5.00 pm, Thursday 12th March 2020.

###### Printed hard copies will not be accepted.

* **Do not forward any certificates or references with this form, unless requested to do so.**

###### Application forms received after closing time & date will not be considered.

**WEXFORD COUNTY COUNCIL IS AN EQUAL OPPPORTUNITIES EMPLOYER**