



Local | Employment | Action | Partnership

Career L.E.A.P

A Work Readiness Training Programme
Application Form

Programme dates: 2019	Which training round would you like to apply for?		<i>Please tick</i>
	Spring	February 25 th - April 5 th , 2019	
	Summer	June 17 th – July 26 th , 2019	
	Autumn:	September 16 th -October 25 th , 2019	

PERSONAL DETAILS				
First Name:	Surname:	Date of Birth: / /	Age:	Gender:
Nationality:			Right to work: Yes / No	
Address:				
Mobile Phone No:		Email:		
What is your Education History? Year: to Secondary School attended:				
Level of Qualification:	Qualification:	Tick if completed:	Year Completed:	
Level 3:	Junior Certificate			
Level 4/5:	Leaving Certificate	Traditional:		
		Leaving Cert Vocational Program (L.C.V.P):		
		Leaving Certificate Applied (L.C.A):		

Further Education:

Level of Qualification	Tick if completed:	Course title:	Where did you complete this Qualification: (College/FAS/Youth reach/Other)	Year completed:
QQI/FETAC Level 3:				
Level 4:				
Level 5:				
Level 6:				
Level 7:				
Level 8:				

What, if any other Training Have you completed? (such as Safe pass, Manual Handling, First Aid, Barista etc)	Training Title:	Year of completion:

Please state which social welfare payment you receive if applicable:

Jobseeker's Allowance <input type="checkbox"/>	Training Allowance <input type="checkbox"/>
Disability Allowance <input type="checkbox"/>	Carer's Allowance <input type="checkbox"/>
One-Parent Family Payment <input type="checkbox"/>	Please state if other: _____

PLEASE NOTE: this does not impact on you completing this Career L.E.A.P. programme.

EMPLOYMENT/VOLUNTEER HISTORY

Please provide details of your previous or current experience, prioritising most recent role (if any):

Dates/year	Name of Company/Organisation	Roles & responsibilities	Type of employment. Voluntary, Employed, Work experience etc
1.		Role: Key Responsibilities/duties:	
2.		Role: Key Responsibilities/duties:	
3.		Role: Key Responsibilities/duties:	
4.		Role: Key Responsibilities/duties:	

GENERAL QUESTIONS

Q. 1 What are your hopes for your future? (For example, where would you like to see yourself in 5 years?)

Where would you like to do your work placement? What type of work suits you? What Career Have you identified? For example: Construction, retail, catering, Reception, marketing, fitness, administration.

Do you currently have a CV? Yes No

*If yes, please attach a copy of your CV to this application.
If no, don't worry you will complete one during the Programme with support.*

Q.3 In your opinion, what five skills do you need to be successful in a job?

1. .	2. .
3.	4.
5.	

Q. 4 Why do you want to participate in the Career L.E.A.P. programme? What are you hoping to learn?

Q. 5 what support do you feel you will need while on the programme?

Q. 6 How did you hear about Career LEAP?

HEALTH Have you any health issues that you may need extra support with during the programme? *This information will be held in the strictest confidence.* (For example: allergies or required medication)

Do you have any dietary requirements? _____

SUPPORT NETWORKS

Family	Family Member/or Friend contact details: Please provide details of a member of your family or a friend who you would identify as a support to you.	
	Name:	
	Address:	
	Phone Number:	Relationship to you:
	<p>please tick, would they come to an information night about Career LEAP? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If yes, what time would suit them best? Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/></p> <p>Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/></p>	
Community	Youth worker/ Key worker contact details: please provide the name and contact details of your key contact in your referral service (youth worker, key worker etc).	
	Name:	
	Organisation:	Role/Title:
	Phone number:	How long has he/she known you?
Employment	Employment Referee: Please provide the name and contact details of an employment contact.	
	Name:	
	Phone number:	Email address:
	Company:	Role:

DECLARARTON

- I am willing to attend all the training, introduction, and work placement activities organised by the Programme.
- I hereby declare that I have completed this application myself and my answers are true and accurate, to the best of my knowledge.
- Under EU legislation (General Data Protection Regulation-GDPR), Career L.E.A.P. must, and will only use data provided by you with your consent to send you updates and information on training and events. This protects you and it protects us.
 - **Do you consent to Career L.E.A.P. sending you updates and information on other trainings and events?**
Please indicate your consent: Yes No
- Career L.E.A.P. may share aspects of the programme (which might include photographs/videos/written material/testimonials) as case studies etc on our website/Facebook/promotional material. It is important to note that sensitive information etc. will not be shared.
 - **Do you consent to Career L.E.A.P.'s use of aspects the programme (which might include photographs/videos/written material/testimonials) as case studies etc on our website/Facebook/promotional material?**
Please indicate your consent: Yes No

Applicant Signature: _____

Date: ___/___/_____

What happens next?

PLEASE NOTE

1. You can email your completed application as an attachment to aimee@swanyouthservice.org
2. or deliver it by hand or post to;

Career LEAP, Swan Youth Service, AGATHA'S HALL, Dunne Street Dublin 1

3. Once you have submitted your application you will be contacted to arrange a time to meet for an interview with the Youth Employment Coordinator to discuss your availability and suitability for the programme.
4. If you have any queries regarding the programme or your application, please call Aimee Harding on 0870980953 or email aimee@swanyouthservice.org

