

Career L.E.A.P

Gender:

A Work Readiness Training Programme
Application Form

Age:

Programme dates: T

PERSONAL DETAILS

First Name:

completed? (such as Safe pass, Manual Handling, First Aid, Barista

etc)

Training: 3 weeks from Monday September 24th to Friday October 12th 2018

Date of Birth:

___/__/___

(1pm-4.30pm) Lunch included each day.

Surname:

Work Placement: 3 weeks from Monday October 15h to Friday November 2nd 2018

Nationality:					Right to work: Yes / No		
Address:					I		
Mobile Phone	No:		Email:				
What is your E	ducation History?	?					
	_ to		ol attended:			-	
Level of Qualification:	Qualification:				Tick if completed:	Year Co	ompleted:
Level 3:	Junior Certifica	te					
Level 4/5:	Leaving Certificate		Traditional: Leaving Cert Vocational Program (L.C.V.P): Leaving Certificate Applied (L.C.A):				
		Leaving Certific	ate Applied (L.C.A):				
			Further Education:	:			
Level of Qualification	Tick if completed:	Course title:	Qu	Where did you complete this Qualification: (College/FAS/Youthreach/Other) Year complete this Qualification:		Year completed:	
QQI/FETAC Level 3:							
Level 4:							
Level 5:							
Level 6:							
Level 7:							
Level 8:							
What, if any	Training Tit	tle:					Year of
Training Have	you						completion:

Please state which social welfare payment you receive if applicable:				
Jobseeker's Allowance		Training Allowance		
Disability Allowance		Carer's Allowance		
One-Parent Family Pay	ment	Please state if other:		
PLEASE NOTE: this doe	s not impact on you completing	this Career L.E.A.P. programme.		
EMPLOYMENT/VOLUN	TEER HISTORY			
		rience, prioritising most recent role	e (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:		
5.		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?)		
Q. 2 What do you think has been your biggest challenge in fir	nding a job to date?	
	of older a data 2	
Q.3 In your opinion, what five skills do you need to be succes	istui in a job?	
1	2	
3.	4.	
5.		
Q. 4 Why do you want to participate in the Career L.E.A.P. pr	ogramme? What are you hoping to learn?	
Q. 5 what support do you feel you will need while on the pro	gramme?	
Q. 5 What support do you reer you will need wrille on the pro	grannine:	
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? <i>This information will be held in the strictest confidence</i> . (For example: allergies or required medication)					
Do you	u have any dietary requirements?				
SUPPO	DRT NETWORKS				
	Family Member/or Friend contact details: Please provide details of a member of your family or a frien	d who you would identify as a support to you.			
	Name:				
	Address:				
	Phone Number:	Relationship to you:			
	Would he/she come to an information night about Career LEAP? YES NO				
	If yes, what time would suit them best? Morning After	ernoon Evening			
	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 Referee: Please provide the name and contact details of an employment contact.				
	Name:				
	Phone number:	Email address:			
	Company:	Role:			

ORK PLACEMENT
e programme consists of a three-week work placement from Monday October 15 th till Friday November 2 nd , 18. You will have the support of a mentor while on placement. Where would you like to do your work accement? What type of work suits you? What Career Have you identified? For example: Construction, retail, tering, Reception, marketing, fitness, administration.
CLARATION
 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.
o 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
rnature: 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 **087-0980953** or email aimee@swanyouthservice.org

