

## Fulfilling the Potential of Persons with Intellectual Disability

On completion please return this application form to:  
The Personnel Department  
COPE Foundation  
Bonnington  
Montenotte  
Cork  
Ireland  
Tel: 021 – 4507131  
Fax: 021 – 4507580  
E-mail: [recruit@cope-foundation.ie](mailto:recruit@cope-foundation.ie)



COPE Foundation provides a comprehensive range of services to persons with an intellectual disability. Its services are located throughout the City and County of Cork

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*The applicant for the job must complete this application form.*

**(Please complete in block letters)**

**Position:**

### **PERSONAL DETAILS**

Surname: \_\_\_\_\_ Forenames: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_  
(Please include area code)

Do you hold a clean current drivers licence? Yes/No

Please indicate Full \_\_\_\_\_ or Provisional \_\_\_\_\_ Classification \_\_\_\_\_



## **2. EDUCATION**

<b>Schools Attended</b>	<b>From</b>	<b>To</b>	<b>Examinations passed</b>	<b>Subjects taken</b>

<b>College/University attended</b>	<b>From</b>	<b>To</b>	<b>Course taken</b>	<b>Certificates, Diplomas, Degrees obtained (State class)</b>

### **Details of Further Training/Post Graduate or Correspondence Courses taken**

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### **Details of any other Training Courses undertaken**

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### **Membership of Professional Bodies (Proof of Qualification/Registration should be attached to this application form)**

Registration Body: \_\_\_\_\_

Registration Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_



**3. EMPLOYMENT DETAILS**

(Starting with your most recent/current employment please give details of all previous employment. Attach an additional sheet if necessary.)

<b>Name and address of employer</b>	<b>Dates Employed From/To</b>	<b>Position held/Duties and responsibilities</b>	<b>Reason for leaving/ intending to leave</b>	<b>Salary</b>



**3. EMPLOYMENT DETAILS (Cont.)**

Name and address of employer	Dates Employed From/To	Position held/Duties and responsibilities	Reason for leaving/ intending to leave	Salary

**Particulars of Present Post:**

Notice period required \_\_\_\_\_  
Pension entitlement \_\_\_\_\_  
Additional allowances \_\_\_\_\_



**4. RECREATION & SPECIAL INTERESTS**

Brief details of what you enjoy most in your leisure time. Indicate any special achievements.

**Additional Information:**

Please use this space to offer further information in support of your application.

**REFEREES**

*Please give the names, full addresses and telephone numbers of three referees whom we may contact.* Wherever possible these must be your three most recent employers. It is the Foundation's policy to take up references **before** making any offer of employment, although this in no way guarantees an offer of employment will follow.

	Name	Address	Tel	Email
1.	_____			
2.	_____			
3.	_____			

I declare that the information given on this application form is true and complete to the best of my knowledge. I understand that any offer of employment made may subsequently be withdrawn or terminated should any of the information be found to be untrue.

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

PLEASE ENSURE YOU SIGN AND DATE THE APPLICATION FORM

FOR OFFICE USE ONLY

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Closing Date:

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Date Application form issued:

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Date Application form received:

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## **SPECIAL INFORMATION LEAFLET TO APPLICANT FOR VACANT POSITIONS**

COPE Foundation thanks you for your interest in applying for the position of ..... in our organisation. I enclose the Standard Application Form, which I would ask you to complete and return to COPE Foundation before the closing date for applications.

COPE Foundation owes a duty of care to its clients and staff. It has a duty to make all enquiries, which are reasonably necessary in order to satisfy itself that no person employed by the Foundation poses a threat of any kind to the well being of either clients or staff.

COPE Foundation must therefore make certain enquiries of all applicants for employment in the Foundation, and these enquiries will include (and may not be limited to):

- 1) Completion of the Special Employees Questionnaire (see below) and
- 2) Enquiries with previous employers, Health Board(s) and/or Garda and/or other relevant third parties.

Questions on the Questionnaire may include the following:

- Where have you been residing during the previous five years?
- Were you ever the subject of an inquiry by any Employer, a Health Board, the Gardai, or any club or association, concerning child welfare or other matter?
- Were you ever the subject of a criminal investigation arising from a complaint of child abuse, or other type of abuse?
- Were you ever the subject of any allegations of criminal misconduct or wrongdoing towards a minor, or other vulnerable person(s)?
- Are you aware of any material circumstance in respect of your own conduct which effected/effects the welfare of a minor, or other vulnerable person(s)?

In respect of the Foundation's enquiries with third parties, I enclose a consent form, confirming your consent to the making of such enquiries and the giving of responses by any relevant Employers including Health Board(s) and /or the Garda, or other relevant third parties.

Please note that it is a fundamental term of any employment arising from your application that you have made appropriate full disclosure in respect of the questions outlined above, and a term to that effect will be included in any contract of employment with you. You should also note that if COPE Foundation is satisfied, in the future, that you have made incomplete or inaccurate disclosure, you may face disciplinary action, up to and including dismissal.

COPE Foundation undertakes that all responses furnished by you to the Special Employee Questionnaire will be treated as confidential, subject to any reporting obligations which may be imposed on COPE Foundation pursuant to "*Children First*" published by the Department of Health & Children, or pursuant to any legal obligation imposed on the Foundation to facilitate the effective investigation of crime.



**COPE Foundation  
Special Employee Questionnaire**

COPE Foundation owes a duty of care to its clients and staff. The Foundation has a duty to satisfy itself that no person employed by the Foundation poses a threat of any kind to the well being of either clients or staff. The Foundation must therefore make certain enquiries of all applicants for employment with the Foundation and therefore requires you to answer the following questions:

**1. List your places and date of residence for the past 5 years:**

<b>From</b>	<b>To</b>	<b>Address</b>

**2. Were you ever the subject of an inquiry by any Employer, a Health Board, the Gardai, or any club or association concerning a child's welfare or other matter (tick box)**

Yes  No

If yes, please give details:




**3. Were you ever the subject of an allegation or/and investigation in this or any other jurisdiction arising from a complaint or allegation of abuse of a child or other vulnerable person or any other type of abuse?**

(tick box)

Yes  No

If yes, please give details.


**4. Are you aware of any material circumstance, in respect of your own conduct, which could affect the welfare of a child or other vulnerable person?**

(Tick box)

Yes  No

If yes, please give details:


In the event of you being offered a position, the Foundation may make enquiries of any relevant Health Board(s) and/or the Gardai and /or any other relevant third party (including previous Employers).

Please note that it is a fundamental term of your employment that you make full, truthful, accurate and appropriate disclosure in respect of the above questions. You should also note that, should you gain a position of employment with the Foundation and if the Foundation is satisfied, in the future, that you have made incomplete or inaccurate disclosure, such conduct will be treated as a fundamental breach of contract and you may face disciplinary action, up to and including dismissal.

I declare that all the details I have given on this form are true and complete.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



PLEASE RETURN TO:  
Cope Foundation  
Bonnington  
Montenotte  
Cork

*N.B. This form should be filled out and returned to COPE Foundation for processing.*

**CONSENT FORM**

Surname: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Forenames: \_\_\_\_\_

Other Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Current & previous Addresses: (Please start with current address) (covering at least the last five years inclusive).

HSE NO.	STREET	TOWN	COUNTY	COUNTRY	POST CODE	YEAR FROM	YEAR TO


DECLARATION:

To: Human Resources Manager, COPE Foundation, Bonnington, Montenotte, Cork, Ireland.

**I the undersigned, have applied to work as a \_\_\_\_\_, and hereby authorise COPE Foundation to seek from An Garda Siochana, any relevant past or present employer including Health Board(s), or any other relevant third party(s) any information about me, such as mentioned in the Special Information Leaflet already provided to me, as might reflect on my suitability or otherwise, for employment in the above position. I also give my consent to the giving of responses by the aforementioned third party(s)**

**Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_**



**PLEASE FORWARD THIS FORM TO:**

Cope Foundation  
 Bonnington  
 Montenotte  
 Cork  
 Tel: 021 4507131  
 Fax: 021 4507580  
 E-mail [recruit@cope-foundation.ie](mailto:recruit@cope-foundation.ie)  
 Website: [www.cope-foundation.ie](http://www.cope-foundation.ie)

SURNAME:		PREVIOUS NAME (if any):	
FORENAME:		ALIAS:	P.P.S. NO:
DATE OF BIRTH:		PLACE OF BIRTH:	
HAVE YOU EVER CHANGED YOUR NAME?		YES	NO
IF YES PLEASE STATE FORMER NAME:			

PLEASE STATE ALL ADDRESSES FROM YEAR OF BIRTH TO PRESENT DATE:							
HOUSE NO.	STREET	TOWN	COUNTY	POST CODE	COUNTRY	YEAR FROM	YEAR TO

Have you ever been convicted of an offence in the Republic of Ireland or elsewhere?  
 No  Yes If yes, please provide details below -

DATE	COURT	OFFENCE	COURT OUTCOME

**DECLARATION**

To Commissioner, An Garda Siochana, Central Vetting Unit, Garda Headquarters, Phoenix Park, Dublin 8

I, the undersigned hereby authorise An Garda Siochana to furnish to the COPE Foundation, a statement that there are no convictions recorded against me in the Republic of Ireland or elsewhere, or a statement of all prosecutions, successful or not, pending or completed, in the State or elsewhere as the case may be.

Signature of Applicant : \_\_\_\_\_ Date : \_\_\_\_\_  
 ( )

**For Office use only:**

Authorised Signatory : \_\_\_\_\_ Date : \_\_\_\_\_  
 Please Print ( )

Registration Number:

**For CVU Use Only:**

According to Garda Records there are no previous convictions recorded against the above named applicant:

OR the following convictions appear on Garda Records:

**NOTE:** Checks were carried out by this office based on the information supplied. The convictions supplied may apply to the subject of your enquiry. Please verify before use.

Signed: \_\_\_\_\_ Member I/C

C.V.U

