



# Diocese of Kildare & Leighlin

Bishop's House, Old Dublin Road, Carlow, R93 F6D5. Tel: 059-9176725

## APPLICATION FORM

### Diocesan Education Officer – Diocese of Kildare and Leighlin 30 Hours per week

#### Application Procedure

- The closing date for receipt of completed applications is 5.00 pm on Friday 30<sup>th</sup> May 2025
- Late or incomplete applications will not be accepted.
- Shortlisting will apply.
- Shortlisted candidates will be notified by telephone by Thursday 12<sup>th</sup> June 2025.
- Interviews will be held on the week beginning Monday 23<sup>rd</sup> June 2025.
- Canvassing will disqualify.

#### Personal Details

<b>Surname:</b>		<b>First name:</b>	
<b>Preferred email address:</b>		<b>Preferred mobile phone contact number:</b>	
<b>Address (for correspondence purposes):</b>          			

<b>Are there any restrictions on your right to work and live in Ireland?</b> Tick "Yes" or "No" and If "Yes", please give details:	<b>Yes</b>	<b>No</b>
<b>If successful in your application, how many weeks' notice would your current employer require?</b>		

*The Diocese of Kildare and Leighlin is an Equal Opportunities Employer*

## Education and Training

Second Level Education			
School Attended	Examinations Successfully Taken	Year of Completion	
Third Level Education (College/University/Other Third Level Institution)			
Name of Institution	Title of Award/Qualification	Year of Completion	
Other Relevant Training and Development			
Course Provider	Title of Award/Qualification Received	Duration of Course	Year of Completion

IT Training and Proficiency				
<i>Software package</i>	Limited proficiency	Moderate proficiency	High Proficiency	Qualification [if any]
MS Word				
MS Excel				
MS Access				
MS PowerPoint				
Other? (name)				

## Memberships of Boards, Professional Bodies and Associations

If you are a member of any boards, professional bodies or associations please provide details here.

Name of board, professional body or association	Your current role

## Employment Record

Please start with your most recent or current employment:

Name and address of employer:

Job title:

From:

To:

Number of hours per week:

Reason for leaving:

Briefly describe your responsibilities and achievements:

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**Other Previous Employment****Name and address of employer:****Job title:****From:****To:****Number of hours per week:****Reason for leaving:****Briefly describe your responsibilities and achievements:****Name and address of employer:****Job title:****From:****To:****Number of hours per week:****Reason for leaving:****Briefly describe your responsibilities and achievements:**

**Other Previous Employment**

Name of employer	Position held	From	To	Reason for leaving

## Competencies

### 1. Mediation and Group Facilitation

Please give at least one example of where and how you have used your mediation and or group facilitation skills. Describe the situation and the actions that you took and outline the results you achieved (maximum 200 words).

### 2. Written Communications

Please tell us about your experience of writing documents such as business letters, policies and procedures and reports (maximum 200 words).

### **3. Your suitability**

Please tell us why you are applying for this position (maximum 100 words).

Outline the skills and strengths that you would bring to the position (maximum 200 words).

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## References

Please provide names, addresses and telephone numbers of two referees, one of whom must be your current or most recent employer. Please note that KandLe will not seek references without your prior approval.

	Referee 1	Referee 2
Name		
Title		
Address		
Phone		
In what capacity do you know this person?		

## Declaration

I understand that by submitting my completed Application Form I am declaring that I have read the Job Advertisement and that I can meet the requirements of the position.

I certify that the information I have provided in this Application Form is accurate and complete to the best of my knowledge.

I understand that any false information that I knowingly provide could lead to an offer of employment being withdrawn or, if employed by KandLe, to my dismissal.

Name:

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Date:

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