

**BirdWatch Ireland Application Form 2023**

**Position: Seasonal posts**

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

*NB:* **Closing date for applications: noon on Friday 24th February 2023**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Title |  |
|  |  | | |
| Address |  | | |
|  |
|  |  | | |
| Where did you see this post advertised ? |  | | |

**Application Procedure**

1. Complete the application form including every section (write “Not Applicable” where necessary) and return it to BirdWatch Ireland before 12:00 on Friday 24th, ***February 2023* NB:**  You must sign your application form if sending by post, or, for email applications, be willing to sign a copy of it at interview, if selected.
2. When submitting applications by email, **you must include your name and position(s) applied for in the subject line and saved file name.**
3. Do not send a separate CV, but you may include further details of employment, relevant expertise, etc. on separate sheets if required. However these should be as brief and as comprehensive as possible.
4. Please let us know if you do **not** wish us to retain your details on a database to be used for future employment opportunities in BirdWatch Ireland.
5. Completed application can be sent via e-mail to **recruitment@birdwatchireland.ie** or posted to BirdWatch Ireland Recruitment, Unit 20 Bulford Business Campus, Kilcoole, County Wicklow, Ireland.

***Please indicated which position(s) you are applying for by numbering in order of preference. 1 = 1st choice, 2 = second etc.***

|  |  |
| --- | --- |
| Swift Fieldworker Monaghan |  |
| Swift Fieldworker Offaly |  |
| Swift Fieldworker Carlow (part/time) |  |
| Tern Warden, Rockabill (Co. Dublin) |  |
| Tern Warden, Kilcoole (Co. Wicklow) |  |
| Tern Warden, Dalkey (part/time) (Co. Dublin) |  |
| Tern project Conservation Gamekeeper/Night Warden, Kilcoole |  |

**BirdWatch Ireland Application Form**

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

Please type or write clearly in block letters. Send completed applications to

BirdWatch Ireland Recruitment, Unit 20 Bulford Business Campus, Kilcoole, County Wicklow, Ireland.

**1.    Personal Details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  | | Title | |  |
|  | | | | | |
| Address |  | | | | |
|  |
|  | | | | | |
| Telephone |  | Mobile Number | |  | |
|  | | | | | |
|  | | | | | |
| Email |  | | | | |
|  | | | | | |
| Nationality |  | | Date of Birth | |  |

**NB**: Non-EU nationals, please ensure that you have the appropriate work visa.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you have a full driving licence? | Yes |  | No |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| If yes, do you have any current endorsements? | Yes |  | No |  |

If yes, please give details below

If you wish to inform us of a medical condition or disability and any accommodations you may require during the recruitment process, please do so here:

**2.   Third Level Qualifications** (Please start with the most recent).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of Qualification** | **Institution** | **Result** | **Date** | **Principal subjects, Project titles** |
|  |  |  |  |  |

**3.   Training Courses.**

Give details of any specialised training or any relevant short courses attended, including computer training.

**4.   Most Recent Employment Details**

Organisation Name and Address

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | |
|  | | | | | | |
| Position Held |  | | | | | |
|  | | | | | |  |
| Dates From |  | | To | |  | |
|  | |  | |  |  |  |
| Final or most recent salary | |  | | | | |
|  | |  | | | | |
| Period of Notice | |  | | | | |

Please outline main duties (Continue on a separate sheet if necessary).

Please outline your reasons for leaving/wanting to leave (Continue on a separate sheet if necessary).

**5.   Past Employment Details**

Please include periods of voluntary work, fieldwork, etc and give reasons for any gaps other than those for education and training. (You may supply more details of relevant experience in the next section).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Dates** | | **Employer’s name and address** | **Position held & main duties** | **Reasons for leaving** |
| **From** | **To** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
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**6.   Relevant expertise and experience** (Continue on a separate sheet if necessary).

Please outline here your relevant experience & expertise for this position(s), such as detailed of the requirements for each position are listed in the job specifications (attached).

**7.   Why are you interested in applying for this position?**

**8.   Hobbies and other interests** (Expand briefly where relevant).

**9.   Publications** (Please give details of any reports you have authored or published papers).

**10.   Additional relevant information (please mention any other field or desk-based skills)**

**11.   Referees**

Please list two referees.  Preferably, one should be the person to whom you are/were responsible in your current or most recent relevant employment.

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Position |  |
|  | | | |
| Address |  | | |
|  |  | | |
| Phone/fax, e-mail |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Position |  |
|  | | | |
| Address |  | | |
|  |  | | |
| Phone/fax, e-mail |  | | |

**12.   Declaration**

I confirm that all information given in this application is correct and true. I accept that any omissions or misrepresentations may result in any future contract being terminated. 

|  |  |
| --- | --- |
| **Signed** | **Date** |

|  |  |
| --- | --- |
| In the event that your application is unsuccessful on this occasion, please tick here if you would like to be considered for possible future vacancies. |  |

**FOR OFFICE USE ONLY:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date Received:** |  | **No. of Copies Required:** | | |  | |
| **Relevant Office** | Wicklow Office: | |  | Other Office (state): | |  |