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**Administrator Booking Officer –**

**(Permanent, Full-time)**

It is anticipated that new entrants to Sign Language Interpreting Service (SLIS)will be appointed on the 1st point of the scale. Incremental credit, should it be awarded, will be based on previous relevant experience as set out on application form. The decision on whether or not to award an incremental credit is a decision made by the Board and is subject to the availability of funding.

**PERSONAL DETAILS (use BLOCK LETTERS)**

|  |  |
| --- | --- |
| Surname | First Name |
| Address for Correspondence |
| Telephone (Home) (Mobile) (Work)  |
| email address (Home)  (Work)  |
| Do you have access to the use of a car Yes / No Does the driver have a full driving licence Yes / No  |

**EDUCATIONAL QUALIFICATIONS**

|  |  |  |
| --- | --- | --- |
| **Title of Award** | **University/College/School** | **Final Examination Subjects and Results** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**PROFESSIONAL MEMBERSHIPS / ASSOCIATIONS (if any)**

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| --- |
|  |

**COMMUNITY / VOLUNTARY EXPERIENCE (if any)**

|  |
| --- |
|  |

**EMPLOYMENT HISTORY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employer** | **Date from** | **Date to** | **Position held / Main duties and responsibilities** | **Key achievements** |
|  |  |  |  |  |
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**INFORMATION TECHNOLOGY – please tick boxes below as appropriate**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | ***No knowledge*** | ***Limited familiarity*** | ***Extensive use in work*** | ***Qualification Award*** |
| Microsoft Word |  |  |  |  |
| Microsoft Excel |  |  |  |  |
| Microsoft Outlook |  |  |  |  |
| Database / Statistical Analysis software (please specify) |  |  |  |  |
| Other (please specify) |  |  |  |  |

**PLEASE ANSWER THE QUESTIONS BELOW BY ILLUSTRATION FROM YOUR PREVIOUS EXPERIENCE**

Please indicate in your answers the **number of years** you have undertaken the following key competencies

|  |  |
| --- | --- |
| **1** Outline your administrative and organisational skills, including any experience of maintaining records/files; producing reports; organising meetings and appointment schedules. |  |
| **2**  Describe your knowledge and understanding of customer service using your experience to demonstrate this.Describe how your experience would assist you in operating a referral service, such as the SLIS referral service to identify sign language interpreters.  |  |
| **3**  Describe any experience you have of supporting services to be more accessible to clients or citizens. |  |
| **4** Outline your expertise and experience of ICT, in particular the Microsoft Office suite, and any other software. |  |
| **5** Describe your ability to work as a team member and as an individual. Give examples of both from your experience. |  |
| **6** Outline your experience of time management and prioritisation of work. |  |
| **7** Set out here any further information that may help in assessing your application, including relevant experience of working with the Deaf community and competency of Irish Sign Language. |  |

**REFEREES**

| **Name** | **Full postal address** | **Professional relationship to you (references from family/friends are not acceptable)** | **Contact details:**  |
| --- | --- | --- | --- |
|  |  |  | Phone:Email: |
|  |  |  | Phone:Email: |

Do you require notification before your referees are contacted? Yes / No

**APPLICATION DECLARATION**

*I declare to the best of my knowledge and belief, all particulars I have given are complete and true. I understand that any false declaration, misleading statement or significant omission may disqualify me from employment and render me liable to dismissal. I understand that any job offer is subject to satisfactory references, medical examination, sight of educational awards relied upon in this application or at interview and successful completion of a probationary period.*

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

**Completed application form along with a covering letter must be submitted by no later than 4pm on Friday 23rd September 2022 to:**

 **recruitment@slis.ie**

**or to: Sign Language Interpreting Service,** Deaf Village Ireland, Ratoath Road, Cabra, Dublin 7,

for the attention of John Stewart john.stewart@slis.ie

Late or incomplete applications will not be accepted

**Data Protection**

All personal information provided on this application form will be stored securely and will be used only for the purposes of the recruitment process. Application forms will be retained for a period of one year, and in the case of a successful candidate, for the duration of employment and a minimum of one year thereafter. This information will not be disclosed to any external third party without your consent, except where necessary to comply with statutory requirements. Internally, the information may be made available to the relevant Line Manager, members of the Board of the Service and to the Shortlisting/Interviewing Panel. You may, at any time, make a request for access to the information held about you as outlined. Should you wish to make any changes, or erasures to any of the information stored about you, please contact the Service Manager.