**PAT CATNEY MLA, LAGAN VALLEY CONSTITUENCY**

**APPLICATION FORM**

**CONFIDENTIAL**

We realise that to complete this form will involve time and effort, but your contribution will help us to be as objective and accurate as possible in our assessment. Information that you give will be treated confidentially and no job reference will be made to your present or past employers without your prior permission.

When completing the application form candidates must demonstrate how they meet the criteria outlined in the Person Specification.

For office use only: Date issued: Date received

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**POST: Parliamentary Advisor**

**Closing Date for receipt of completed applications Friday 25 March 2017 12 noon.**

**PERSONAL DETAILS**

First Name Surname

Date of Birth Home Tel. no.

Address Office Tel. No.

Mobile No.

Email address:

Place of birth:

Please give details of any disability you may have in order that we may make suitable arrangements should you be invited for interview.

**EDUCATION**

**Secondary Education**

|  |  |
| --- | --- |
| Examinations Taken | Results |
|  |  |

**Third Level Education**

|  |  |  |  |
| --- | --- | --- | --- |
| From | To | Name of College/University | Exams taken and results achieved/Degree awarded |
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**PROFESSIONAL QUALIFICATIONS AND MEMBERSHIP OF PROFESSIONAL BODIES**

|  |  |  |
| --- | --- | --- |
| Professional Body/Institution | Date Qualification achieved | Date of membership |
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**PRESENT/MOST RECENT APPOINTMENT (delete as appropriate)**

Please outline your present responsibilities, stating to whom you are responsible and who is responsible to you.

**ESSENTIAL CRITERIA**

**PLEASE RECORD YOUR OCCUPATIONAL EXPERIENCE, COMMENCING WITH THE APPOINTMENT BEFORE YOUR PRESENT/MOST RECENT APPOINTMENT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name and Address of Employer | Nature of Business | Title of Appointment | Reason for Leaving | Period of employment |
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**LEISURE INTERESTS/ASSOCIATIONS/PUBLIC POSTS ETC**

**OTHER INFORMATION**

**REFERENCE NAME AND ADDRESS (1) REFERENCE NAME AND ADDRESS (2)**

I certify that, to the best of my knowledge, the information which I have given above is true and complete. I accept that, if I supplied any false statements or have withheld any relevant information, any offer of employment can be withdrawn or an accepted appointment can be cancelled. In addition to referees quoted, I understand that Pat Catney MLA reserves the right to make such further enquiries on my candidacy as it deems appropriate including any unspent civil or criminal convictions.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RETURN TO:**

**Pat Catney MLA**

**Room 326B**

**Parliament Buildings**

**Stormont**

**Belfast**

**BT4 3XX**

**by Friday, 25 March 2017 12 noon**