

**Brookfield**  
*Caring when it's needed most.*



**Brookfield Care Centre, Leamlara, Co. Cork. Tel: 021 4642112 Fax: 021 4642113  
Mob: 086 1733846, 086 3823116 Company Reg. No. 341585**

Attach passport  
photograph  
here

## **JOB APPLICATION FORM**

**Please use A BLACK BALL POINT PEN AND BLOCK LETTERS when completing form in  
your own handwriting:**

**Position being applied for:** \_\_\_\_\_

**Where did you hear of Brookfield?** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Surname:** \_\_\_\_\_

**Telephone No:** \_\_\_\_\_

**Mobile Phone No:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Nationality:** \_\_\_\_\_

**Irish Address:** \_\_\_\_\_

**Sex (F/M):** \_\_\_\_\_

**DOB (dd/mm/yyyy):** \_\_\_\_\_

### **REGISTRATION DETAILS (if applicable)**

**Registration Number:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Registration Board:** \_\_\_\_\_

### **QQI/FETAC Details (if applicable)**

**Qualification Type:** \_\_\_\_\_

\_\_\_\_\_

**References:**

**1. Name, address, telephone number, position in company**

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**2. Name, address, telephone number, position in company**

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**DECLARATION: It is important that you read this declaration carefully and then sign.**

I declare to the best of my knowledge and belief that there is nothing in relation to my conduct, character or personal background of any nature that would adversely affect the position of trust in which I would be placed by virtue of this appointment. I hereby confirm my irrevocable consent to Brookfield Care Services to making such enquiries as Brookfield Care Services deems necessary in respect of my suitability for the post in respect of which this application is made. I hereby accept and confirm the entitlement of Brookfield Care Services to reject my application or to terminate my employment (in the event of a contract of employment having been entered into) if I have omitted to furnish Brookfield Care Services with any information relevant to my application or my continued employment with Brookfield Care Services or where I have made any false statement or misrepresentation relevant to this application or my continuing employment with Brookfield Care Services. I also undertake to familiarize myself with and follow all instructions, policies, protocols, guidelines and procedures as set out by Brookfield Care Services and to participate in ongoing training and assessment. I hereby undertake to keep confidential any information or knowledge I acquire at Brookfield Care Services regarding people, residents, or business and to report any concerns to management. I undertake to treat all people I come in contact with through my work with respect and courtesy.

Furthermore, I hereby declare that all the particulars furnished on this application are true, and that I am aware of the qualifications and particulars for this position. I understand that I may be required to submit documentary evidence in support of any particulars given by me on my application form. I understand that any false or misleading information submitted by me will render me liable to automatic disqualification”.

**Failure to sign the application form may invalidate it.**

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

**Please attach the following documentation with the completed application form**

- Cover letter and Curriculum Vitae (please ensure that there are no gaps in your CV)
- Details of School/Colleges attended
- Qualifications with copies of all certificates received
- Copy of passport or drivers licence