

Application Form

Entries on this form should be typewritten, if possible, or Block PRINTED in black ink. Please do not include certificates or copy exam results at this time, as these will be required only if successful at interview.

Trauma Therapist – Lead Permanent Part time
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Full name			
Home address			
Telephone			
Email			
Current work telephone number			
May we contact you at work (with discretion)?	Yes ☐	No ☐	
Do you hold a current driving License?	Yes ☐ No ☐	Class:	F ☐ P ☐
Do you have your own transport?	Yes ☐	No ☐	

**Education
History**

***Second and
Third Level***

Present Position – Please provide organisation name and address, your dates of employment and Main Duties and Responsibilities:

School or College Attended		Period From To	Qualification Obtained	Date Obtained
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Registration Details: (association/memberships)

Date of Registration	Name of Body or Association	Registration/Accreditation Number

Employment History to Date (starting with current or most recent employer)

Dates From To		Employers Address	Post held & main duties undertaken	Salary & reason for leaving

Voluntary Work/Student Placements to Date

Dates From To		Name of organisation	Main duties and responsibilities	Reason for Leaving

Professional Development - Short Course & Training Days undertaken to Date

Date of course	Course Provider	Content of course	Benefit to you

Reason for Application

Please state clearly why you feel you have the appropriate experience and skills for the post in question. Please pay particular attention to the essential and desirable criteria in the job description,

Referees:

Please give the name, address and occupation of two referees to whom you are well known but not related, one of whom should be your most recent employer.

1.

Name	
Address	
Telephone Number	
Occupation	
Relationship to you	

2.

Name	
Address	
Telephone Number	
Occupation	
Relationship to you	

Further Information

The notice required by my current employer is: _____

Declaration

I certify that the information I have given on this application form is accurate to the best of my knowledge and belief.

Signed: _____

Date: _____

Please return to: recruitment@ruhama.ie by the closing date of

3.00pm Friday 23rd October 2026