## **EMBASSY OF IRELAND, MADRID**

#### **Consular Officer**

#### **APPLICATION FORM**

(Please complete this form and return it, together with a cover letter, by email to <u>madridembassy@dfa.ie</u> by 17:00 on 2<sup>nd</sup> March 2020 with the subject line "Consular Officer Application". Please use an electronic signature, or alternatively, scan in the signature page)

#### **PERSONAL DETAILS**

Name
Address
Email Address (please note this is the address to which we will send all correspondence)
2 man 1 tour os (promo note and 10 mo note of months in the first of the speciments)
Telephone (including area code)
Total mone (metadang area coas)
M.I.M. a.l. al. a
Mobile telephone
Citizenship
Date of Birth

## **EDUCATION HISTORY**

SECONDARY EDUCATION					
Name and Address of School Attended	Examination (Irish Leaving Certificate or equivalent)		`		Please indicate overall result
(please include dates)		· · · · · · · · /	exar	nination place).	
			took	piace).	
THIRD LEVEL (UNDERGRA	DUATE if applic	cable)			
Institution attended (please	Course Title	,		r in which	
include dates)				ee/qualification obtained	n Please indicate
			***	ootumea	overall result
					(e.g. 1:1, 2:1 or equivalent)
					or equivalent)
THIRD LEVEL (POST-GRAD	OUATE if applica	ble)			
University Attended (Please	Course Title	Year in which		Subject	Result
include dates)		qualification was obtained			
		was ostalica			
PROFESSIONAL QUALIFICATION of qualification)	ATION (if applic	able) (please o	outlin	e professional	body and year
	_				

## **WORK EXPERIENCE**

Dates	Employer	Job Title and Responsibilities

## **OTHER SKILLS**

Language Skills (please indicate your level of proficiency)
Computer Skills (please indicate your level of computer skills)

## **ABOUT YOU**

<sup>\*</sup> Language proficiency will be tested at interview

# **REFERES** (please nominate two referees – appointment to the position will be subject to satisfactory references)

Reference	Name and Title	Telephone
Reference	Name and Title	Telephone

#### **DECLARATION**

DECLARATION
I certify that the above information is correct and that any false information given may result in any
offer of appointment being withdrawn
The second secon
Cionad
Signed
Date