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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **Application Form 2024**  **Activity Leader** | | | | | | Attach photo here or include as attachment | | |
| **Surname:** | | Click or tap here to enter text. | | **First Name:** | | | Click or tap here to enter text. | | | |
| **Gender:** | | Click or tap here to enter text. | **Date of Birth:** | | Click or tap here to enter text. | **Nationality:** | | | Click or tap here to enter text. |
| **Address:** | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | |
| **Telephone:** | | Click or tap here to enter text. | | | | | | | | |
| **Email:** | | Click or tap here to enter text. | | | | | | | | |
| **Current Study / Occupation:** | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | |
| **Qualifications:** | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | |
| **Please indicate the courses for which you will be available (one, two or three)** | | | | | | | | | | |
|  | | **French Course Dates:** | | | | | | | | |
|  | | 1. 2nd – 19th June *(St. Flannan’s College, Ennis, Co.Clare)* | | | | | | | | |
|  | | 1. 23rd June – 10th July *(Bandon Grammar School, Co. Bandon)* | | | | | | | | |
|  | | 1. 1st – 17th July *(Villiers School, Limerick)* | | | | | | | | |
|  | | 1. 28th July – 10th August *(Villiers School, Limerick)* | | | | | | | | |
|  | | **Spanish Course Dates:** | | | | | | | | |
|  | | A. 1st - 17th July *(Cistercian College, Roscrea, Co.Tipperary)* | | | | | | | | |
|  | | **German Course Dates:** | | | | | | | | |
|  | | A. 23rd June - 10th July *(St. Flannan’s College, Ennis, Co.Clare)* | | | | | | | | |
| **Have you attended ELC as a student?** | | | | Yes | | | | No | |
| **Have you already worked for ELC?**  If yes, what position: | | | | Yes | | | | No | |
| **Have you already worked in animation?** | | | | Yes | | | | No | |
| **If YES, please give details below:** | | | | | | | | | |
| **1** | | Click or tap here to enter text. | | | | | | | |
| **2** | | Click or tap here to enter text. | | | | | | | |
| **3** | | Click or tap here to enter text. | | | | | | | |
| **Have you received your BAFA (France), Jugendleiter/InCard (Germany), Curso de Monitor de Ocio y Tiempo Libre (Spain)? If YES, please give details below** | | | | Yes | | | | No | |
| **Details:** | | | | | | | | | |
| **Are you a qualified lifeguard?** | | | | Yes | | | | No | |
| **Please tick the activities you are able to run. You are asked to organise, supervise and make the activity fun.** | | | | | | | | | |
| Yoga | | | Dance | | Arts and Crafts | | | Board Games | |
| Basketball | | | Indoor Games | | Video Production | | | Football | |
| Music / Song Contest | | | Badminton | | Swimming | | | Theatre | |
| Tennis | | | Unihoc | | Quiz | | | Tournaments | |
| Tip Rugby | | | Pool / Snooker | | Song Contest | | | Treasure Hunt | |
| **Other activities not mentioned above that you would like to run:** | | | | | | | | | |
| **1** | | Click or tap here to enter text. | | | | | | | |
| **2** | | Click or tap here to enter text. | | | | | | | |
| **3** | | Click or tap here to enter text. | | | | | | | |
| **Give, in order of priority, the reasons you want to work with ELC** | | | | | | | | | |
| **1** | | Click or tap here to enter text. | | | | | | | |
| **2** | | Click or tap here to enter text. | | | | | | | |
| **3** | | Click or tap here to enter text. | | | | | | | |
| **Do you have any health problems that the management staff should be aware of?** | | | | | | | | | |
| Yes | No | | **Details:** | | | | | | |
| **Do you have any food allergies that the management staff should be aware of?** | | | | | | | | | |
| Yes | No | | **Details:** | | | | | | |
| **Do you have any dietary requirement (Vegetarian / Vegan / Gluten Free etc )?** | | | | | | | | | |
| Yes | No | | **Details:** | | | | | | |
| **REFERENCES: Please include below the name and contact number of one person who could speak to us about you professionally (no family members).** | | | | | | | | | |
| **Name:** | Click or tap here to enter text. | | | **Telephone number:** | | Click or tap here to enter text. | | | |
| Please return completed application as soon as possible to marion@elc.ie | | | | | | | | | |
| Tel: +353 (0) 91 50 25 42 | | | Email: [marion@elc.ie](mailto:marion@elc.ie) | | | Web: [www.elc.ie](http://www.elc.ie) | | | |
| **Signature:** |  | | | **Date:** | | | | | |