

APPLICATION FOR A EUROPEAN COMMUNITY CERTIFICATE OF EXPERIENCE

- Please use dark ink and write clearly in **BLOCK LETTERS** or type your answer.
- Please give details of certificates and diplomas obtained and attach copies if possible.
- Please return trade description with application.

Please tick the correct box where appropriate

Part One – to be completed by the Applicant

Your Details

Mr Mrs Miss Ms or Title _____

1. Surname

2. Forenames

3. Present Home Address

Daytime Phone No:

4. Address outside Republic of Ireland (if applicable)

Daytime Phone No:

5. (If applicable) to which of the above addresses should we send correspondence?

3. 4.

6. Date of Birth

7. Town of Birth

8. Nationality

9. Passport Number

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10. In which European Community Country(ies) do you wish to work?

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11. Which occupation do you intend to pursue in the country(ies) stated in 10 above?

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12. Which category as set out in Annex IV of EU Directive 2005/36/EC do you believe applies to you? Annex IV is attached.

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Details of Irish Experience

13. Please enter appropriate details in date order, starting with the earliest. Continue on another sheet of paper if necessary.

(Details given in this section will have to be confirmed by two referees – see Parts Three and Four, please also note that evidence of Irish experience will need to be enclosed with this form).

13a. Self-employed (Independent) Experience

From		To		Name and address of premises from where you were trading or of business or branch to whom you subcontracted your services	State your job title (e.g. Bricklayer), describe your duties and give examples of contracts or projects undertaken (provide details of managerial duties under 13c)
Month	Year	Month	Year		

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13b. Employed (Non-Independent) Experience

From		To		Name and address including postcode of company or branch for whom you worked	Describe your job title, duties and responsibilities and give examples of work or contracts undertaken (provide details of managerial duties under 13c)
Month	Year	Month	Year		

13c. Managerial Duties *Please provide details under this section of any managerial duties undertaken in the course of the work described under 13a or 13b giving the dates between which this work was undertaken.*

From		To		Name and address of business, branch or client	Describe your managerial duties e.g. giving details of commercial or technical responsibilities, employees managed or supervised in respect of specific projects/contracts
Month	Year	Month	Year		

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13d. Manager of a Business or Company

From		To		Name and address of business	Describe the business including number and type of employees, examples of contracts undertaken; include a description of your duties and responsibilities
Month	Year	Month	Year		

14. Training Details

Have you obtained any certificates or diplomas which are relevant to the job you wish to do?

Yes No If **No** go to Part 2

If **Yes**, please complete details below. Attach copies of certificates/diplomas recognised by the competent professional body for that occupation and enclose evidence that you fully satisfy the body's requirements.

Training can only be certified when supported by copies of certificates. In respect of apprenticeship training, please include copies of deeds or evidence from an employer, together with a certificate of completion.

Period of Training				Title	Issuing Body	Name of college or other means of study	Please state whether study was fulltime, block release, day release etc.
From		To					
Mth	Year	Mth	Year				

**APPLICATION FOR A EUROPEAN COMMUNITY
CERTIFICATE OF EXPERIENCE****Part Two – to be completed by the Applicant****Checklist**

When you have completed this form please remember to attach

- Proof of professional experience acquired
- Copies of certificates or diplomas
- Declaration of Referee(s)
- Trade Description e.g. Bricklayer

SIGN AND DATE BELOW:**Declaration**

I certify that the details given in Part One and those in any accompanying statement are correct and to the best of my knowledge and belief.

Signature

Date

Where to return your form

Please return the completed form and attachments to:

Legal Services
SOLAS
Castleforbes House
Castleforbes Street
Dublin 1

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Part Three – Declaration of Referee 1 Pursuant to EU Directive 2005/36/EC

To be completed by Referee 1 who is in a position to vouch for applicants' Irish Work Experience and sworn before Commissioner for Oaths/Practising Solicitor.

Mr Mrs Miss Ms or Title _____

Surname:	
Forenames:	
Address:	
Occupation:	
Daytime Phone Number:	

Are you a member of a trade or professional body? YES NO

If Yes, please give details

In what capacity, i.e. personal or professional do you know the applicant?

If professional, what area/activity?

If you acted as his/her accountant, can you confirm for how long (start/end dates needed) and in what profession/trade he/she was undertaking during the period that you are now willing to confirm?

How long have you known the applicant?

I refer to a copy of the application form for the Certificate of Experience as completed by the applicant attached hereto and initialled by me. I certify that the details provided in the application are correct to the best of my knowledge and I make this solemn declaration conscientiously believing it to be true by virtue of the Statutory Declarations Act 1938.

Declared by
this day of 20
at
in the City/County of
before me a Practising Solicitor/Commissioner for Oaths and
I know the Declarant

Declarant

Practising Solicitor/Commissioner for Oaths

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Part Four – Declaration of Referee 2 Pursuant to EU Directive 2005/36/EC

To be completed by Referee 1 who is in a position to vouch for applicants' Irish Work Experience and sworn before Commissioner for Oaths/Practising Solicitor.

Mr Mrs Miss Ms or Title _____

Surname:	
Forenames:	
Address:	
Occupation:	
Daytime Phone Number:	

Are you a member of a trade or professional body? YES NO

If Yes, please give details

In what capacity, i.e. personal or professional do you know the applicant?

If professional, what area/activity?

If you acted as his/her accountant, can you confirm for how long (start/end dates needed) and in what profession/trade he/she was undertaking during the period that you are now willing to confirm?

How long have you known the applicant?

I refer to a copy of the application form for the Certificate of Experience as completed by the applicant attached hereto and initialled by me. I certify that the details provided in the application are correct to the best of my knowledge and I make this solemn declaration conscientiously believing it to be true by virtue of the Statutory Declarations Act 1938.

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