

**WICKLOW COUNTY COUNCIL - APPLICATION FORM**  
**Comhairle Chontae Chill Mhantáin – Foirm Iarratais**

**Temporary Beach Lifeguard 2022**

Aras an Chontae  
Cill Mhantáin

Telephone:  
0404-20236



County Buildings  
Wicklow

Fax:  
0404-67792

**STATE WHAT BEACHES YOU WILL BE AVAILABLE FOR:**

*All questions must be answered in the candidates own handwriting*

**APPLICANT'S FULL NAME (Block Capitals):** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **P.P.S. NO.** \_\_\_\_\_

**CONTACT TELEPHONE NO:** \_\_\_\_\_

**CONTACT EMAIL:** \_\_\_\_\_

**WATER SAFETY QUALIFICATION AND DATE ISSUED: (Please see notes on reverse side)**

**PREVIOUS WATER SAFETY SWIMMING AND LIFESAVING EMPLOYMENT AND EXPERIENCE:** \_\_\_\_\_

**CURRENT OCCUPATION / STUDENT STATUS: (State school/college year just completed)**

**MEDICAL HISTORY:** *Please state with dates any serious illness or disabilities. If none, say no.*

**I declare that the foregoing information and particulars are true.**

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**P.T.O.**

## NOTES

1. Please submit completed Application Form and all items on the checklist.
2. Beaches patrolled are: Bray, Greystones South Beach, Wicklow Harbour, Brittas Bay North, Brittas Bay South, Arklow South Beach
3. By the date of interview candidates **must** hold as a **minimum** requirement, a current in date National Beach Lifeguard Award from Irish Water Safety or equivalent as recognised by the International Lifesaving Federation (ILS).
4. Have knowledge of the use and care of surf rescue and other lifesaving equipment.
5. Have a thorough knowledge of resuscitation (incl. BLS and CPR) and basic first aid.
6. Candidates will be required to undergo a practical Beach Lifeguard examination/test in basic life support (BLS), swimming ability, lifesaving techniques and a theory test conducted by Irish Water Safety. The test will likely take place during April or May 2022 and may take place in the sea or in a swimming pool. Please be aware that the time and location is subject to change and the alternative location may be Crumlin Swimming Pool, Pearse Park, Windmill Road, Crumlin, Dublin 12. All Applicants **must** attend for this examination/test.
7. Candidates **must** be at least 17 years of age on 1<sup>st</sup> May 2022.
8. The Garda Vetting process will be carried out in respect of all Applicants.
9. **Original** Certificates to prove the above requirements **must** be submitted with your completed application form. Certificates will be returned at interview.
10. **Completed Application Forms must be received by Jackie Carroll, Senior Executive Officer, Planning, Development & Environmental, Wicklow County Council, County Buildings, Wicklow, not later than 4.00 p.m. on Friday 1<sup>st</sup> April, 2022.**

## CHECKLIST

1. Completed Application Form
2. Submission of National Beach Lifeguard Award Certificate
3. ASC10 Form
4. New Employees Form (Yellow Sheet)
5. Bank Mandate Form (Yellow Sheet)
6. Declaration under Section 51 Form
7. Garda Vetting Application Form with accompanying proofs of identity and address (Forms NVB 1 and NVB 2 are obligatory; NVB 3 is required for applicants under the age of 18 years.)
8. Pass Pool/Swim Test

**ASC10**

## Additional Superannuation Contribution Employment Declaration Form



*To be completed by an employee on commencement of employment in a Public Service body*

With effect from 1 January 2019, all employees are required to declare their overall personal public service pension status with regard to any public service pension scheme or pension arrangement<sup>1</sup>. The following details are required to be completed and returned immediately to the payroll department.

### MAIN EMPLOYMENT

a. Is **THIS** employment your **MAIN**<sup>2</sup> public service employment?

YES

NO



i. Are you a member of a public service pension scheme in respect of **THIS** employment?

YES

NO



ii. If no, do you receive a payment in lieu of pension in respect of **THIS** employment?

YES

NO



iii. If no, have you an entitlement to a retirement gratuity in respect of **THIS** employment?

YES

NO



iv. If no, do you have any other pension arrangement in respect of this employment?

YES

NO



If yes, please give further details:

b. Do you have any other employment in the Public Service?

YES

NO



If yes, please provide details of subsidiary employments overleaf or on additional sheets as required

I certify the foregoing information to be correct to the best of my knowledge and belief, and I undertake to notify the Payroll Department at \_\_\_\_\_, immediately of any change affecting the details given above/overleaf. I understand that if I am a member of a Public Service pension scheme, receive a payment-in-lieu of pension, am entitled to a retirement gratuity, or have any other pension arrangement that I am liable for the additional superannuation contribution at the appropriate rate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

D	D	M	M	Y	Y	Y	Y
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NAME [in block capitals] : \_\_\_\_\_ PPS: \_\_\_\_\_

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Employer: \_\_\_\_\_

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**IMPORTANT NOTE:** The above information is required in order to process your payroll. Failure to complete this form **correctly** may result in non-payment of wages/salary and/or an underpayment of ASC.

<sup>1</sup> Note: A pension arrangement as certified by the Minister may include membership of a public service pension scheme, payment-in-lieu of pension, a retirement gratuity payable on retirement or any other such pension arrangement ;

<sup>2</sup> Note: A MAIN employment shall be the main public service employment as nominated by the individual for the purposes of the additional superannuation contribution;

**PLEASE COMPLETE THIS CERTIFICATE IN BLOCK CAPITALS**

**Additional Superannuation Contribution - Employment Declaration Form****SUBSIDIARY EMPLOYMENTS**

Name [in block capitals]: \_\_\_\_\_ PPS No. \_\_\_\_\_

**SUBSIDIARY EMPLOYMENT # 1**

Employer: \_\_\_\_\_

- i. Are you a member of a public service pension scheme in respect of this subsidiary employment?
- ii. If no, do you receive a payment in lieu of pension in respect of this subsidiary employment?
- iii. If no, have you an entitlement to a retirement gratuity in respect of this subsidiary employment?
- iv. If no, do you have any other pension arrangement in respect of this subsidiary employment?

YES

NO

YES

NO

YES

NO

YES

NO

If yes, please give further details: \_\_\_\_\_

**SUBSIDIARY EMPLOYMENT # 2**

Employer: \_\_\_\_\_

- i. Are you a member of a public service pension scheme in respect of this subsidiary employment?
- ii. If no, do you receive a payment in lieu of pension in respect of this subsidiary employment?
- iii. If no, have you an entitlement to a retirement gratuity in respect of this subsidiary employment?
- iv. If no, do you have any other pension arrangement in respect of this subsidiary employment?

YES

NO

YES

NO

YES

NO

YES

NO

If yes, please give further details: \_\_\_\_\_

**SUBSIDIARY EMPLOYMENT # 3**

Employer: \_\_\_\_\_

- i. Are you a member of a public service pension scheme in respect of this subsidiary employment?
- ii. If no, do you receive a payment in lieu of pension in respect of this subsidiary employment?
- iii. If no, have you an entitlement to a retirement gratuity in respect of this subsidiary employment?
- iv. If no, do you have any other pension arrangement in respect of this subsidiary employment?

YES

NO

YES

NO

YES

NO

YES

NO

If yes, please give further details: \_\_\_\_\_

**PLEASE COMPLETE THIS CERTIFICATE IN BLOCK CAPITALS**

Form to be completed by new employees of Wicklow County Council to facilitate  
correct payroll setup

*(the information returned on this form will be used solely for payroll purposes)*

(Failure to return this form may result in incorrect pay, deductions etc)

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Start Date \_\_\_\_\_

Date of Birth \_\_\_\_\_

Marital Status \_\_\_\_\_

PPS Number \_\_\_\_\_

(it is important that PPS number be submitted as soon as possible, as this will determine tax basis implemented) (If P45 is submitted, this will suffice)

PRSI Contribution Rate \_\_\_\_\_

(if you were previously employed, please indicate rate of prsi contribution paid, e.g. A1, D1 etc. note – if P45 submitted, this will suffice)

Superannuation & Widows/Orphans \_\_\_\_\_

(If previously employed by Local Authority, Health Board, VEC etc. , please indicate rate of contribution. If not know, please check with previous employer)

Note: Paypath Form enclosed also to be completed and returned to Payroll Section

To be Completed by Payroll Section:

Date Form Received \_\_\_\_\_

Managers Order No. \_\_\_\_\_

Increment Date input \_\_\_\_\_

PRSI Rate Input \_\_\_\_\_

Superann Code(s) Input \_\_\_\_\_

Widows/Orphans code input \_\_\_\_\_

Set up Week/Fortnight ending: \_\_\_\_\_

# Wicklow County Council

## *Pay Mandate*

**Name (Block Capitals)**

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**Bank**

--

**Branch**

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**Branch Sort Code**

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**Bank Account Number**

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**Bank Identifier Code (BIC) (Can be 8 or 11 Digits)**

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**International Bank Account Number (IBAN)**

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**Account Name**

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**E-Mail Address** *(Required for payment notification)*

\_\_\_\_\_ **(must be legible)**

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return to: Finance Department  
Wicklow County Council  
County Buildings  
Wicklow

Or Email: [APayable@wicklowcoco.ie](mailto:APayable@wicklowcoco.ie)

\_\_\_\_\_  
For Internal Office Use Only:  
Supplier Id:



## Declaration

### Declaration under Section 51 (Duty to make declarations, etc.) of the Public Service Pensions (Single Scheme and Other Provisions) Act 2012

1. Section 51 (*Duty to make declarations, etc.*) of the Public Service Pensions (Single Scheme and Other Provisions) Act 2012 requires that:

(1) Any person who-

(a) takes up employment in a public service body, and

(b) either—

(i) has an entitlement to any preserved pension or any preserved lump sum or any other retirement benefit, or

(ii) has received or is in receipt of retirement benefits,

under a pre-existing public service pension scheme of which he or she was or is a member,

shall provide a declaration to that effect to the relevant authority.

(2) Any person who applies for a benefit from a pre-existing public service pension scheme shall make a declaration to the relevant authority concerned of any preserved pension or any preserved lump sum or any other retirement benefit from any other public service pension scheme that he or she is in receipt of or to which he or she has an entitlement.

(3) Any person to whom section 52 (*Abatement and reckoning of pensionable service*) applies shall upon application for a public service pension from any public service body make a declaration to the relevant authority concerned as to whether or not he or she is in receipt of any remuneration from any public service body and provide any relevant information required by the relevant authority for the purposes of that section.

2. I hereby declare that I have (\*) / do not have (*delete as appropriate*) entitlement to any of the pension benefits specified above. [*To be completed by persons taking up an appointment in the public service.*]

Signed: \_\_\_\_\_

Name (Block Capitals): \_\_\_\_\_

PPSN: \_\_\_\_\_

Date: \_\_\_\_\_

3. I hereby declare that I am (+) / am not (*delete as appropriate*) in receipt of any remuneration (pay) from any public service body. [*To be completed by persons applying for a public service pension benefit.*]

Signed: \_\_\_\_\_

Name (Block Capitals): \_\_\_\_\_

PPSN: \_\_\_\_\_

Date: \_\_\_\_\_

(\*)(+) Supply details on attached page.

**Declaration under Section 51 (Duty to make declarations, etc.) of the Public Service Pensions  
(Single Scheme and Other Provisions) Act 2012**

I hereby declare that I am entitled to the following pension benefit(s) / am in receipt of remuneration from a public service body (*delete as appropriate*), as specified below:

**PENSION BENEFIT**

Description	
Annual gross pension	
Paying authority	

**REMUNERATION**

Description	
Annual gross pay	
Paying authority	

Signed: \_\_\_\_\_

Name (Block Capitals): \_\_\_\_\_

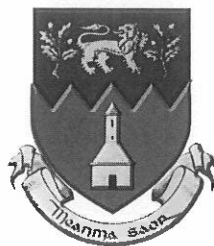
PPSN: \_\_\_\_\_

Date: \_\_\_\_\_



### Identity 100 Verification Point Check

IDENTIFICATION	SCORE
Irish Driving Licence or learner permit (new credit card format)	80
Irish Public Services Card	80
Passport (from country of citizenship)	70
Irish certificate of naturalisation	50
Birth Certificate	50
Garda National Immigration Bureau (GNIB) card	50
National Identity Card EU/EEA/Swiss citizens	50
Irish driving licence or learner permit (old paper format)	40
Employment I.D.	
ID card issued by employer (with name and address)	35
ID card issued by employer (name only)	25
Letter from employer (within last two years)	
Confirming name and address	35
P.60, P.45 or Payslip (with home address)	35
Utility bill e.g. gas, electricity, television, broadband (must not be less than 6 months old. Printed online bills acceptable. Mobile phone bills are not acceptable)	35
Public Services Card/Social Services Card/Medical Card	25
• With photograph	40
Bank/Building Society/Credit Union Statement	35
Credit/debit cards/passbooks (only one per institution)	25
National age card (issued by An Garda Síochána)	25
Membership Card	
• Club, union or trade, professional bodies	25
• Educational institution	25
Correspondence	
From an educational institution/SUSI/CAO	20
From an insurance company regarding an active policy	20
From a bank/credit union or government body or state agency	20
Children under 18 years (any one of the following)	
• Birth Certificate	100
• Passport	100
• Written statement by the Principal confirming attendance at an educational institution on a letter head of that institution	100
Recent arrival in Ireland (less than 6 weeks)	
• Passport	100
Vetting Subject is unable to achieve 100 points **	
Affidavit witnessed by a Commissioner of Oaths	100



## **Guidelines for completing Vetting Invitation Form (NVB 1)**

Please read the following guidelines before completing this form.

### **Miscellaneous**

The Form must be completed in full using **BLOCK CAPITALS** and writing must be clear and legible.

The Form should be completed in ball point pen.

Photocopies will not be accepted.

All applicants will be required to provide documents to validate their identity.

If the applicant is under 18 years of age, a completed NVB 3 - Parent\Guardian Consent Form will be required. Please note that where the applicant is under 18 years of age the electronic correspondence will issue to the Parent\Guardian. This being the case, the applicant must provide their Parent\Guardian Email address on the NVB 1 form.

### **Personal Details**

Insert details for each field, allowing one block letter per box.

For Date of Birth field, allow one digit per box.

Please fill in your Email Address, allowing one character/symbol per box. This is required as the invitation to the e-vetting website will be sent to this address.

Please allow one digit per box for your contact number.

The Current Address means the address you are now living at.

The address fields should be completed in full, including Eircode/Postcode. No abbreviations.

### **Role Being Vetted For**

The role being applied for must be clearly stated. Generic terms such as "Volunteer" will not suffice.

### **Declaration of Application**

The applicant must confirm their understanding and acceptance of the two statements by signing the application form at Section 2 and ticking the box provided.





## **Guidelines for completing Vetting Form (NVB 2)**

Please read the following guidelines before completing this form.

### **Miscellaneous**

The Form must be completed in full using **BLOCK CAPITALS** and writing must be clear and legible.

The Form should be completed in ball point pen.

Photocopies will not be accepted.

All applicants will be required to provide documents to validate their identity.

If the applicant is under 18 years of age, a completed NVB 3 - Parent\Guardian Consent Form will be required.

### **Section 1 Personal Details**

Insert details for each field, allowing one block letter per box.

For Date of Birth field, allow one digit per box.

For Gender field please tick the appropriate box.

Please provide changes of names, if any, from birth i.e. name change due to marriage, deed poll, adoption.

For Place of Birth, please state County/State of birth as this is a mandatory field.

Please state Country Of Birth as this is a mandatory field.

Please state your Passport Number where applicable.

Please state your Mother's Maiden Name as stated on your birth certificate.

Any fields not applicable to the applicant should be marked "N/A".

### **Section 2 Addresses**

Please enter all your previous addresses in chronological order.

The address fields should be completed in full, including Eircode/Postcode. No abbreviations.

Insure that all years from birth to present are included.

Allow one letter per box and an empty box between words.

For the "Years From" and "Years To", please specify the year only e.g.

1	9	6	3
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It is permitted to have more than one address in any given year.

### **Section 3 Self Disclosed Criminal Record**

Criminal record means a record of the person's convictions whether within or outside the state for any criminal offence together with any ancillary or consequential orders made pursuant to the convictions concerned or a record of any prosecutions pending against the person whether within or outside the state for any criminal offences or both.

A person shall not be obliged to provide details of any convictions to which Section 14A of the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016 applies.

### **Section 4 Liaison Person**

This section is not to be filled out by the applicant.

### **Section 5 Declaration of Consent**

The applicant must confirm their understanding and acceptance of the statement by ticking the appropriate box where indicated. The date must be the present date of signing.

### **Section 6 Additional Addresses**

See guidelines for Section 2 Addresses.



## Section 2 – Addresses (to be completed by Applicant)

## Section 2 – Addresses (to be completed by Applicant)

Please enter all your previous addresses in chronological order. Please enter your full postal address.

[illegible]

**Year From:**  

Y	Y	Y	Y
---	---	---	---

  
**Year To:**  

Y	Y	Y	Y
---	---	---	---

[illegible]

**Year From:**  

Y	Y	Y	Y
---	---	---	---

  
**Year To:**  

Y	Y	Y	Y
---	---	---	---

[illegible]

Year From: 

Y	Y	Y	Y
---	---	---	---

Year To: 

Y	Y	Y	Y
---	---	---	---

[illegible]

**Year From:**  

Y	Y	Y	Y
---	---	---	---

  
**Year To:**  

Y	Y	Y	Y
---	---	---	---

[illegible]

**Year From:**  

Y	Y	Y	Y
---	---	---	---

  
**Year To:**  

Y	Y	Y	Y
---	---	---	---

For additional addresses, refer to Section 6. If used, please tick here ☐

**(to be completed by Applicant)**

[illegible]

(to be completed by Liaison Person)

(to be completed by Applicant)

Date: 

D	D
---	---

 / 

M	M
---	---

 / 

Y	Y	Y	Y
---	---	---	---



# Section 6– Additional Addresses

(to be completed by Applicant)

Line 1:

Line 2:

Line 3:

Line 4:

Line 5:

Eircode/Postcode:

Year From:

Y	Y	Y	Y
---	---	---	---

Year To:

Y	Y	Y	Y
---	---	---	---

Line 1:

Line 2:

Line 3:

Line 4:

Line 5:

Eircode/Postcode:

Year From:

Y	Y	Y	Y
---	---	---	---

Year To:

Y	Y	Y	Y
---	---	---	---

Line 1:

Line 2:

Line 3:

Line 4:

Line 5:

Eircode/Postcode:

Year From:

Y	Y	Y	Y
---	---	---	---

Year To:

Y	Y	Y	Y
---	---	---	---

Line 1:

Line 2:

Line 3:

Line 4:

Line 5:

Eircode/Postcode:

Year From:

Y	Y	Y	Y
---	---	---	---

Year To:

Y	Y	Y	Y
---	---	---	---

Line 1:

Line 2:

Line 3:

Line 4:

Line 5:

Eircode/Postcode:

Year From:

Y	Y	Y	Y
---	---	---	---

Year To:

Y	Y	Y	Y
---	---	---	---

If this page does not allow enough space for addresses, please copy this page and number it below:

Page  Of



## PARENT/GUARDIAN CONSENT FORM (NVB 3)

### Applicant Details

Forename(s):																															
Surname:																															
Date Of Birth:	D	D	/	M	M	/	Y	Y	Y	Y																					

### Parent/Guardian Details

Under Sec 26(b) of the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016, it is an offence to make a false statement for the purpose of obtaining a vetting disclosure.

Forename(s):																														
Surname:																														
Relationship to applicant:											Father:						Mother:						Guardian:							
Address:																														
Line 1:																														
Line 2:																														
Line 3:																														
Line 4:																														
Line 5:																														
Eircode/Postcode:																														

### Parent/Guardian Consent

I, being the Parent/Guardian of the above named applicant, consent for the National Vetting Bureau to conduct vetting in respect of the above named applicant in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016.

Parent/Guardian  
Signature:

Date:

D	D	/	M	M	/	Y	Y	Y	Y
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