



6 Minimum number of years to achieve the qualifications required for appointment referred to at 2 above - please state your qualifications required for appointment:

*(Please note, only the minimum no. of years to obtain qualification will be considered in calculation, not the actual number of years it takes the applicant to achieve the qualification)*

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7 Minimum number of years experience specified as an essential requirement in competition: \_\_\_\_\_

8 Details of all previous service with another public sector body:

*Please include transferred service or any non transferred service and outline exact dates*

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9 Details of all non-transferable service other than in a public sector body :

*This includes all private sector service - please outline exact dates of service*

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10 Details of any refund of pension contributions received in relation to any previous pensionable employment:

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11 Give full details of any retained benefits you have i.e. an entitlement to an occupational pension, preserved pension or any other superannuation benefit.

A statement must be included from the individual pension provider outlining the benefit due, the value of the fund if applicable and the date on which benefits will become payable.

***If there are retained benefits, please complete Appendix 3 for each individual benefit***

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12 In relation to private pensions , please give details of any employer contribution:

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13 Details of any private pension products e.g. AVC's. In cases where they are not 100% privately funded, **Appendix 3** needs to be completed.

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14 In the case of officers on D Rate PRSI, please attach a statement of your potential entitlement to a state pension or a statement of your social insurance contributions arising from contributions paid under the Social Welfare Acts.

(This can be obtained by writing to Dept. of Social Protection, College Road, Sligo. )

Attach where relevant a statement of benefits from any other country.

***If there is an entitlement please complete Appendix 3***

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15 Details of Notional Service, if any, purchased under the Local Government Superannuation Purchase Scheme:

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**I hereby declare that, to the best of my knowledge, the details given in this application form are true and correct.**

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

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

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