



**ADDITIONAL INFORMATION – (e.g. relevant voluntary experience, additional training)**

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**REFERENCES** – Please give details below of your current/most recent employer and the name and address of another referee.

*Referee One*

*Referee Two*

<p><b>Name of Company/ Organisation</b> _____</p> <p><b>Contact Person</b> _____</p> <p><b>Address</b> _____ _____ _____</p> <p><b>Tel:</b> _____</p>	<p><b>Name of Company/ Organisation</b> _____</p> <p><b>Contact Person</b> _____</p> <p><b>Address</b> _____ _____ _____</p> <p><b>Tel:</b> _____</p>
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I confirm that the information supplied by me above is true and accurate.

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

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

Please return completed application form to:  
**Galway City & County Childcare Committee**  
**9B Liosban Retail Centre**  
**Tuam Road**  
**Galway**  
**Tel. (091) 752039 or Email: [mail@galwaychildcare.com](mailto:mail@galwaychildcare.com)**