



*Anne Brady
McQuillans
DFK*

TRAINEE ACCOUNTANT APPLICATION FORM

PERSONAL DETAILS

Name	Date of Birth
Home Telephone No.	Mobile Telephone No.
Home address	Other address
Email	Preferred contact address: Home <input type="checkbox"/> Other <input type="checkbox"/>

LEAVING CERTIFICATE RESULTS OR EQUIVALENT

Name of School	From	To	Subjects	Levels	Grades
Total Points (if applicable)					

THIRD LEVEL EDUCATION

Name of Institution	From	To	Qualification Received	Level of award

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Are your academic results a true reflection of your ability? If not, why not?

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OTHER QUALIFICATIONS AND COURSES ATTENDED

Education Centre or Institution	Dates		Course Title and Qualification
	From	To	

COMPUTER SKILLS

If you have relevant hands-on experience, please tick each box as appropriate and enter the name of specific packages used:

						Packages Used
Word Processing	Letter typing		Mail merge		Design a report	
Database Skills	Use of database		Database manipulation		Database design	
Spreadsheets	Input into spreadsheet		Spreadsheet design and inserting formulae		Macro programming	
Presentations	Creating a presentation		Running a slide show		Applying transitions & building slides	
Internet	Use of Internet		Advanced use of Internet		Website Design	
Other Packages Used						

WORK EXPERIENCE (MOST RECENT APPOINTMENTS FIRST AND INCLUDE SUMMER WORK)

Organisation	Start date	Finish date	Position	Responsibilities

CAREER OBJECTIVES

Where did you hear about Anne Brady McQuillans DFK?

Have you made a previous application to Anne Brady McQuillans DFK?
Yes ☐ No ☐

Do you wish to pursue: ACCA ☐ ACA ☐ AITI ☐ Other _____

Are you aware of your exemption entitlements? If so please give details _____

In less than 50 words, please state the reasons why you have chosen accountancy and why you think you would make a successful accountant

Describe a time when you have worked as part of a team, explaining your own personal influence on the group

HOBBIES AND INTERESTS

Please add any other details that you think would help us with your application

REFERENCES

Name of referee: _____	Name of referee: _____
Organisation: _____	Organisation: _____
Address: _____ _____	Address: _____ _____
Telephone No. _____	Telephone No. _____
Email Address: _____	Email Address: _____
Position: _____	Position: _____
Do we have your permission to immediately contact the above for reference purposes? Yes <input type="checkbox"/> No <input type="checkbox"/>	

DECLARATION

I certify that my replies are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statements or withhold any relevant information this may result in subsequent dismissal or the withdrawal of any offer of appointment.

Signature _____ Date / /

Please forward your completed application form to:
ANNE BRADY McQUILLANS DFK
Iveagh Court ♦ Harcourt Road ♦ Dublin 2
Telephone: +353 1 478 6600 ♦ Facsimile: +353 1 475 0170
E-mail: careers@annebrady.ie