



## KILKENNY COUNTY COUNCIL

Application form for  
inclusion on the Council's  
approved list as a:

### SITE SUITABILITY ASSESSMENT AGENT

This application form, when completed, should be returned to the **Senior Executive Officer, Planning Department (marked Site Suitability Assessment Application), County Hall, John Street, Kilkenny**, so as to arrive not later than **5:00 p.m. on Wednesday, 6<sup>th</sup> February, 2008.**

1. Name in full (BLOCK LETTERS) \_\_\_\_\_

2. Postal Address (BLOCK LETTERS) (Notify at once, in writing, any change. An acknowledgement will be sent)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Telephone No.(s):- Private: \_\_\_\_\_ Business: \_\_\_\_\_  
(If you may be contacted there)

Mobile: \_\_\_\_\_ E-Mail: \_\_\_\_\_

4. Have you completed the course in "Site Suitability Assessment for On Site Wastewater Management" organised by FAS?

YES  NO

If yes,

Date completed \_\_\_\_\_ Certification No \_\_\_\_\_

A copy of your certificate should accompany this application form.

**5. PROFESSIONAL/TECHNICAL QUALIFICATIONS:**

| Full Title Degree(s) or other Qual(s) held | Type & Grade of Honours (1 <sup>st</sup> or 2 <sup>nd</sup> Class, Gr I or II) | Subject(s) in final Exam | University, College or Examining Authority | Year Degree / Qual. Obtained |
|--------------------------------------------|--------------------------------------------------------------------------------|--------------------------|--------------------------------------------|------------------------------|
|                                            |                                                                                |                          |                                            |                              |
|                                            |                                                                                |                          |                                            |                              |
|                                            |                                                                                |                          |                                            |                              |
|                                            |                                                                                |                          |                                            |                              |

**6. DETAILS OF RELEVANT EXPERIENCE**

Only details of relevant experience and experience directly relating to site suitability assessments for on site wastewater treatment and disposal should be included.

| From | To | TITLE:                          |
|------|----|---------------------------------|
|      |    | NAME AND ADDRESS OF EMPLOYER:   |
|      |    | DETAILS OF RELEVANT EXPERIENCE: |

**DETAILS OF RELEVANT EXPERIENCE**

|             |           |                                        |
|-------------|-----------|----------------------------------------|
| <b>From</b> | <b>To</b> | <b>TITLE:</b>                          |
|             |           | <b>NAME AND ADDRESS OF EMPLOYER:</b>   |
|             |           | <b>DETAILS OF RELEVANT EXPERIENCE:</b> |
| <b>From</b> | <b>To</b> | <b>TITLE:</b>                          |
|             |           | <b>NAME AND ADDRESS OF EMPLOYER:</b>   |
|             |           | <b>DETAILS OF RELEVANT EXPERIENCE:</b> |
| <b>From</b> | <b>To</b> | <b>TITLE:</b>                          |
|             |           | <b>NAME AND ADDRESS OF EMPLOYER:</b>   |
|             |           | <b>DETAILS OF RELEVANT EXPERIENCE:</b> |

**7. DETAILS OF PROFESSIONAL INDEMNITY INSURANCE**

|                                         |
|-----------------------------------------|
| <b>EXPIRY DATE:</b>                     |
| <b>NAME AND ADDRESS<br/>OF INSURER:</b> |
| <b>POLICY NO:</b>                       |
| <b>EXTENT OF COVER</b>                  |

I certify that the above is a true and accurate account of my qualifications and experience and that I have current indemnity insurance as indicated.

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

This application must be accompanied by **either** the original of your FAS certificate in “Site Suitability Assessment for On-site Wastewater Management” (which will be returned to you) **or** a site characterisation report completed on Kilkenny County Council’s Site Characterisation Form, prepared by you in respect of **a current or recent** planning application. The site need not necessarily be in County Kilkenny. However, the location of the site must be clearly shown as the site may be visited as part of the assessment procedure.

**Please note that all parts of application form must be completed. Failure to adequately complete form will lead to an invalid application.**