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| **Application Form – Non Consultant Hospital Doctor Posts in Psychiatry** |

* Incomplete or late applications will not be considered for the post
* CLOSING DATE FOR APPLICATIONS: **12.00 midday on Wednesday 8th November, 2017**

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| Reference number: | NCHD/ NDMHS/01/18 |
| Specialties: | General Adult Psychiatry, Psychiatry of Old Age & MHID |
| Job Title: | SHO in Psychiatry  Registrar in Psychiatry |
| Service: | Mental Health Services, North Dublin  St Joseph’s Intellectual Disability Service, North Dublin |

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| **SECTION A – Personal Details (as used on Medical Council Documents)**  *The completion of all fields in this section is mandatory.* | |
| Surname: |  |
| First name: |  |
| Date of Birth: |  |
| Address for Correspondence: |  |
| Home Telephone number: |  |
| Mobile Telephone number: |  |
| E-mail Address: |  |
| PPS Number : |  |
| Do you require a work permit to work in Ireland? |  |
| Do you hold a Garda National Immigration Bureau card?  If yes, please state the stamp number on your Garda National Immigration Bureau card and expiry date | Yes No  Expiry date of GNIB card : |
| Please state start and end date of permit/visa | Start : End: |
| **SECTION B – Irish Medical Council Registration**  The completion of this section is mandatory | |
| Name in which you are registered: |  |
| Please indicate the type of Irish Medical Council Registration that you have : | Internship Registration  Trainee Specialist Registration  General Registration |
| Please state IMC registration number : | Expiry date of IMC registration: |

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| **SECTION C – Education** | | |
| Medical School / University :  City / Country :  Primary Medical Qualification :  Honours Degree : Yes / No | | Date of Graduation :  (only list exams passed) |
| **Higher Qualification / Degree / Diploma Completed** | **Awarding Body** | **Date of Qualification**  **(DD/MM/YY)** |
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| **Postgraduate Exams** | | |

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| **Exams Undertaken** | **Grade Achieved** | **Date (DD/MM/YY)** |
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| **Postgraduate Courses** | | |
| Courses Completed , e.g. ACLS/ATLS, Children First, Manual Handling | Location of Course | Dates |
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| **SECTION D – Employment History**  **Begin with your most recent or current appointment , then list all previous appointments** | | | | |
| **Hospital**  **(if overseas, please state the country)** | **Grade** | **Specialty** | **Dates : (from – to)** | **Months in post** |
| EXAMPLE: XX HOSPITAL, TOWN/CITY, COUNTRY | SHO | MEDICINE | 01/01/15 – 30/06/15 | 6 MONTHS |
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| **SECTION E – Experience relevant to the Role**  In a summary of no more than 200 words can you indicate why you wish to work in psychiatry as SHO / Registrar? Please outline your relevant experience which would prepare you for a post in psychiatry |
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| **SECTION F – Academic Distinctions (prizes, medals or scholarships)**  **Describe (briefly) the terms of any prizes or honours awarded.** |
| Undergraduate: |
| Postgraduate: |

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| S**ECTION G – Research / Presentations / Publications / Audit**  **Please provide details including numbers, subject and date** |
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| **SECTION H – Additional Information**  **Use the space below to highlight any non-academic achievements which you consider significant or include any additional relevant information** |
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| **SECTION I – References**   * We require names and contact details of three referees from recent clinical appointments * One reference must be from your current or most recent employer * Any offer of a post is subject to satisfactory references | | | |
| **Full Name** | **Job Title** | **Hospital and Address** | **Phone Number /**  **Email address** |
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