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| **APPLICATION FORM STAFF NURSE****UL Hospitals Group** |

Completed Application Form should be emailed to uhlrecruitment@hse.ie

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| **Personal Details:** |  |
|  |  |
| **First Name :** |  |
|  |  |
| **Last Name:** |  |
| **Postal address:** |

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| **MOBILE TELEPHONE:(mandatory)** |  |
|  |  |
| **E-mail Address :(mandatory)** |  |

**European Economic Area**

Are you an EEA (European Economic Area) National? Yes [ ]  /No [ ]

**QUALIFICATIONS & ELIGIBILITY CRITERIA**

**1. Registered in the General Division of the Register of Nurses maintained by Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) or be entitled to be so registered**

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| **Registration** | **Please tick as appropriate to your current status** | **PIN Number** |
| I am a fully qualified General Nurse with active An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) registration |  |  |

*Seeking registration with Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) is the responsibility of the applicant.*

**Particulars in order of date of all employment or experience to date**

**(use additional pages if necessary)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **From (00/00/****0000)**  | **To****(00/00/****0000)** | **Employer**  | **Title of Post**  | **Main Roles and Responsibilities**  |
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|  |  |  |  |  |

Additional pages may be included if required

**DECLARATION:** It is important that you read this Declaration and then sign.

“I declare to the best of my knowledge that there is nothing in relation to my conduct, character or personal background of any nature that would adversely affect the position of trust in which I would be placed by virtue of this appointment. I hereby confirm my irrevocable consent to the HSE to making such inquiries, as the HSE deem necessary in respect of my suitability for the post in respect of which this application is made. I hereby accept and confirm the entitlement of the Board to reject my application or to terminate my employment (in the event of a contract of employment having being entered into) if I have omitted to furnish the HSE with any information relevant to my application or my continued employment with the HSE or where I have made any false statement or misrepresentation relevant to this application or my continuing employment with the HSE.

Furthermore, I hereby declare that all the particulars furnished on this application form are true, and that I am aware of the qualifications and particulars for the position. I understand that I may be required to submit documentary evidence in support of any particulars given by me on my application form. I understand that any false or misleading information submitted by me will render me liable to automatic disqualification”.

Mis-statements will render an applicant liable to disqualification.

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNED (BLOCK CAPITALS) :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REFERENCES**

“It is standard policy for the HSE to contact current and previous employers.

Have you any difficulty with this? Indicate yes or no \_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Only submit names/addresses of current or recent/previous employers)

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_