



Congregation of the Most Holy Redeemer Esker Monastery Athenry

Post applied for

Closing date

JOB APPLICATION FORM

The information you supply on this form will be treated in confidence
Please complete legibly in **BLOCK CAPITALS**, using black ink

Section 1: Personal details

Last Name

First Name

Address

Postcode

Home Telephone

Nat. Insurance / PPS No.

Daytime Telephone

Mobile

E-mail address:

Section 2: Eligibility Criteria

Please indicate below how your qualifications meet the eligibility criteria for the role, noting that if you omit information in this section, you will be deemed ineligible, and not called forward for interview.

Registration	Tick appropriate to your current status	PIN Number	Cumulative Experience as required for the role	Date entered on the Register DD/MM/YYYY
I am a fully qualified Nurse with active NMBI registration in the General Division of the Register of Nurses kept by NMBI	<input type="checkbox"/>			
I am a fully qualified Nurse registered with a European Authority other than the NMBI	<input type="checkbox"/>			
I am a fully qualified Nurse registered with a non-European Authority	<input type="checkbox"/>			

Section 3: Employment Details

1. Current Employment (if now unemployed, give details of most recent employer)

Name of current or most recent Employer

Address

Postcode

Post Title

Salary

Date started in post

Date left post (if no longer employed)

Brief description of duties / key responsibilities

Period of notice

(if applicable)

Last day of service

(if no longer employed)

Reason for leaving

(if no longer employed)

2. Previous Employment (employer before current or most recent employer)

Name of Employer

Address:

Post Title

Date started in post

Date left post

Brief description of duties

Reason for leaving:

3. Other Previous Employments (brief details)

Dates	Name of Employer	Title of Post	Key Responsibilities	Reason for Leaving
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				

To:				
From:				
To:				
From:				
To:				
From:				
To:				

Section 4: Education

QUALIFICATIONS OBTAINED FROM SCHOOLS, COLLEGES AND UNIVERSITIES.

College or University	Course	Dates (from/to)	Qualifications/gradesobtained
School	Subjects	Dates (from/to)	Qualifications/ gradesobtained

Professional/Technical / Management	Course Details/Dates
Membership of any Professional / Technical Associations: please state level of membership:	

Please give details of any training and development courses or non-qualifications courses which support your application. Include any on-the-job training as well as formal courses.

Title of Training Programme or Course	Date(s) and Duration of Course

Section 5: Suitability and Experience Relevant to the Role

Please describe below specific details as to how you meet the essential criteria for this post as detailed in the Job Specification. Information provided here will be taken into consideration in determining your eligibility and/or shortlisting for interview. Please note that failure to complete this section and address the question fully will result in your application not being shortlisted. For each specific example include dates from/to, and employer.

Please demonstrate your depth and breadth of experience in the area of acute medicine/older persons medicine as relevant to the role.

Section 6: Health

Successful applicants will be required to complete a detailed medical questionnaire and may be required to attend a medical examination prior to being appointed.

Number of one/two days' sickness absence in the last 2 years

Number of episodes of longer sickness absence in the last 2 years

Have you ever had to resign, retire or been dismissed from a post for ill-health reasons?

YES

NO

If YES, please give details below

DISABILITY

Do you require a reasonable adjustment for reasons of disability to allow you attend for interview, and/or undertake the duties of this post if successful?

YES

NO

If YES, please give details below:

Section 7: References

Please give the names and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your referees are. **Forms with no referees given, WILL NOT be considered.**

	First Referee	Second Referee
Name		
Position / Job		
Work Relations		
Organisation / Company		
Address		
Landline		
Mobile		
E-mail		
	Are you willing for this referee to be approached prior to the interview? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you willing for this referee to be approached prior to the interview? Yes <input type="checkbox"/> No <input type="checkbox"/>

DRIVING LICENCE (if relevant to post applied for)

Do you hold a full, clean driving licence valid in Ireland? **Yes** **No**

If relevant, bring a copy of your licence to interview.

REHABILITATION OF OFFENDER (EXCEPTIONS) ORDER NI 1979 and SEX OFFENDERS ACT 2001 (ROI)

Do you have any criminal convictions? **YES** **No** **If YES, please give details below:**

SAFEGUARDING

Have you ever been reported to the Independent Safeguarding Authority (Northern Ireland) or the civil authorities (Irish Republic) because of misconduct involving a child or vulnerable adult?

Yes

No

If YES, please give details below:

EMPLOYMENT RESTRICTIONS

Are you free to remain, and take up employment, in Ireland with no current immigration restrictions?

Yes

No

If relevant, bring appropriate documentation to interview.

PROFESSIONAL ISSUES

1. Have you ever been or are you currently involved in any professional or personal unresolved/pending issue that might undermine your standing to undertake the job?
2. Are you currently the subject of a referral to, or investigation by, your professional body?

If the answer to either of these questions is YES, tick here

and give details in box below:

Section 8: Declaration

Statement to be signed by the Applicant

Please complete the following declaration and sign it in the appropriate place below. If this declaration is not completed and signed, your application will not be considered.

I hereby certify that:

- all the information given by me on this form is correct to the best of my knowledge
- all questions relating to me have been accurately and fully answered
- there are no medical reasons which would prevent me from undertaking the duties of this post
- I possess all the qualifications which I claim to hold
- I understand that any omissions or misrepresentations of information on this application form may, in the event of my obtaining employment, result in disciplinary action, up to and including dismissal.

Signed:

Date: