

*For Office Use Only - Reference Number:* \_\_\_\_\_

**To be completed by Applicant:**

**Write your name and address clearly in the space**

<b>Name:</b>	_____
<b>Address:</b>	_____
	_____
	_____

**Please tick the Service Area you would like to work, in order of preference 1 – 4**

Acute Services

Older Persons Service

Intellectual Disability Service

Mental Health Service

**The following competencies will be examined at interview:**

- **Clinical / Professional Knowledge**
- **Interpersonal Skills**
- **Organisation and Management**

**ACUTE SERVICES ONLY**

**If you are only interested in working the Acute Service, please indicate the Speciality, in order of preference 1 - 4:**

Generalist - Medical Surgical	<input type="checkbox"/>	Paediatric Community	<input type="checkbox"/>
ICU	<input type="checkbox"/>	Paediatric Surgical	<input type="checkbox"/>
CCU	<input type="checkbox"/>	Paediatric Medical	<input type="checkbox"/>
Accident & Emergency	<input type="checkbox"/>	Neonatal (surgical & Medical)	<input type="checkbox"/>
Theatre	<input type="checkbox"/>	Paediatric Renal	<input type="checkbox"/>
Palliative Care	<input type="checkbox"/>	Transitional Care	<input type="checkbox"/>
Haematology	<input type="checkbox"/>	Maternity	<input type="checkbox"/>
Oncology	<input type="checkbox"/>		
Respiratory	<input type="checkbox"/>		
Renal/Haemodialysis	<input type="checkbox"/>		
Paediatrics	<input type="checkbox"/>		
Paediatrics ICU	<input type="checkbox"/>		
Paediatric Accident & Emergency	<input type="checkbox"/>		
Paediatric Oncology	<input type="checkbox"/>		



# APPLICATION FORM

**Personal Details:**

First Name:

Last Name:

Previous Names:

Address for correspondence:

Contact Tel No. 1:

Contact Tel No. 2:

E-mail Address:

Do you wish to be contacted by e-mail? (Y/N):

**EDUCATIONAL ACHIEVEMENTS**

Please include second level and third level educational achievements:

Date	Educational Institution	Conferring Body	Course of Study	Qualification Achieved	Grades Achieved

**CAREER HISTORY**

**Summary Career History:**

Dates Employed	Organisation	Job Title

**Career History:**

<b>Dates</b>	<b>Employer</b>	<b>Title of Post</b>	<b>Main Roles and Responsibilities</b>

## Application Form

Appendix 6

**Failure to sign the application form will render it invalid**

**Signed:**

**Date:**

**Name of Applicant**

The completed application form should be posted to :

- **Applicants from Philippines**  
ABBA Personnel Services Inc.  
11th Floor Goldloop Tower A  
Amber (Escriva) Drive,  
Ortigas Centre,  
Pasig City
- **Applicants from India**  
Col.Gurinder Singh or Mrs. Shika  
India International Technical Recruiters (IITR)  
4868/24 Ansari Road,  
Darya Ganj  
New Delhi 110 002
- **Applicants from South Africa**  
Marisa Curran  
M&L Medical Recruitment  
P.O. Box 5710  
Heldberg 7135  
Somerset West,  
Capetown,  
South Africa
- **All other applications**  
Nurse on Call  
59 Ranelagh  
Dublin 6.  
Ireland