|  |  |
| --- | --- |
| **POST NAME**  | **REFERENCE NO.**  |
| First Name  | Surname  | Sex |
| Correspondence Address:  |
| Phone (Home)  | Mobile  | Email  |
| IMC No. & Type of Registration: |
| Place & Date of Birth  |
| Do you require an Employment Permit? Please specify Yes or No |
| Do you hold a Residence Permit. Please specifyNumber:  Expiry Date: |
| **Current Post & Qualifications** |
| Current Post Job Title: | Hospital: |
| Qualifications  | College  | Graduation Date  |
| **Post Graduate Examinations (e.g. MRCPI/MRCS)** |
| Exam  | Date  |
| Exam  | Date  |
| *Publications, Presentations & Academic Distinctions should be detailed on a separate page* |
| **Post Graduate Work Experience (List Most Recent Posts)** |
| Date | Grade | Specialty | Hospital | Consultant |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |
| Extra-Curricular Activities  |
| Career Intentions  |
| **Referees (Please list 2)** |
| Name | Address | Telephone | email |
|  |  |  |  |
|  |  |  |  |

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

|  |  |
| --- | --- |
| **Signed**  | **Date**  |

Please complete and return with a copy of CV to the HR Department, St. Michael’s Hospital, Lr. George’s Street,

Dun Laoghaire, Co. Dublin or email to applications@stmichaels.ie. C**losing date - as per advertisement.**