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| **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 specify  Number:  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 |
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| Extra-Curricular Activities | | | | | | | | | | | | |
| Career Intentions | | | | | | | | | | | | |
| **Referees (Please list 2)** | | | | | | | | | | | | |
| Name | | Address | | | | | | Telephone | | | | email |
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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.

|  |  |
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| **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](mailto:applications@stmichaels.ie). C**losing date - as per advertisement.**