

**EMPLOYMENT HISTORY FORM RE:
Graduate/Postgraduate Diploma (Nursing/Public Health Nursing) 2009/2010**

PLEASE STATE YOUR FULL NAME: _____

PAC APPLICATION NUMBER: _____

COMPLETE AND RETURN THE FOLLOWING INFORMATION IN CHRONOLOGICAL ORDER TO THE POSTGRADUATE APPLICATIONS CENTRE, 1 COURTHOUSE SQUARE, GALWAY

1: PLEASE GIVE DETAILS REGARDING YOUR NURSING EXPERIENCE SINCE REGISTRATION (Starting with most recent experience) CLEARLY STATING:-

NAME AND ADDRESS OF HOSPITAL OR EMPLOYING AUTHORITY	POSITION HELD (State Part-time or Full-time)	TYPE OF EXPERIENCE, E.G. ACUTE, MEDICAL, ELDERLY, PAEDIATRICS, MIDWIFERY, PUBLIC HEALTH, ETC.	EXACT DATES REQUIRED From - To Day, Month and Year	EXACT DATES REQUIRED No. of Months/Years
