

# St. Francis Hospice

# APPLICATION FORM

## Please ensure that you complete each section of this form.

POST(S) APPLIED FOR:				
PERSONAL INFORMATION (Block Capitals)				
Surname:		First name(s):		
Address:				
Telephone:	Home:	Work:		
	Mobile:	E-mail:		
Next of Kin:				
Address & Te	lephone No:			
Do you hold a	current full driving license?	Yes	No 🗌	
Do you require	a work permit?	Yes	No 🗌	
Are there any restrictions on your right to work in this country?		∕? Yes □	No 🗆	
If yes, please give details:				
Have you ever been employed, or previously sought employment with this Hospice?				
If yes, please give details:				
Date of last Li	fting & Handling Course:			

### **EDUCATION RECORD:**

Please start with your Secondary education.

Secondary School, College, Universities attended	Dates – From / To	Examinations Passed / Qualification Obtained

#### POST QUALIFICATION COURSES ATTENDED

Dates		Name & Address of College	Qualification / accreditation obtained
From	То		

#### **CERTIFICATES**

Please enclose <u>photocopies</u> of your qualification certificates and if relevant a <u>photocopy</u> of your current An Board Altranais Registration with this application form. (Please do not send originals)

#### MEMBERSHIP OF PROFESSIONAL AMD TECHNICAL BODIES

Organisation Name and Membership Level	Registration / PIN Number

## **WORK EXPERIENCE** (most recent employer first)

Employers Name & Address	Dates (DD/MM/YY)	Job Title
	From:	
	_	
	To:	
Experience gained:		
Reason for Leaving:		
Employers Name & Address	Dates (DD/MM/YY)	Job Title
	From:	
	To:	
Experience gained:		
Reason for Leaving:		
Employers Name & Address	Dates (DD/MM/YY)	Job Title
	From:	
	To:	
Experience gained:		
Reason for Leaving:		

## **WORK EXPERIENCE** (continued)

Employers Name & Address	Dates (DD/MM/YY)	Job Title
	From:	
	To:	
Experience gained:		
Reason for Leaving:		
Please provide any other relevant informed Hospice	mation about yourself, your experience, a	nd why you wish to work for St. Francis
PERSONAL INTERESTS		
Describe briefly your interests / leisure	activities:	
CURRENT EMPLOYMENT		
Present salary:	Point on Dept of Health Sala	ary Scale:
If offered the position, what period notic	e does your present employer require:	

### REFEREES

Please list three persons from whom the Hospice may request references on your behalf; they should be able to comment in detail on your career and must include your present employer or past employer (if not currently employed).

Name	Position	Company	Address & Telephone No.	
		mission to contact my refer		
	will assume permission has clearly stated other		time and without further notification	
I confirm that the above information is correct to the best of my knowledge. I understand that any omissions or misrepresentation of information on this application form may in the event of my obtaining employment result in disciplinary action up to and including dismissal.				
Applicant's signature	<b>:</b>	Date: _		
Thank you for o	completing this applic	cation form and please r	eturn your application form to:	
		Sr. Margaret Cashman, Director of Nursing, St. Francis Hospice,		
		Station Road, Raheny,		
		Dublin 5.		
Information given to St. Francis Hospice may be kept on computer for administrative purposes. This information will not be disclosed to any third party without prior permission.				
For official use on	ly			
Candidate interviewed	on:			
Interview panel member	ers:			
Outcome:				
Candidate referred by	<b>/</b> :			