



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 & Telephone 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? Yes No

If yes, please give details: _____

Date of last Lifting & 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	To		

CERTIFICATES

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

MEMBERSHIP OF PROFESSIONAL AND 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 information about yourself, your experience, and why you wish to work for St. Francis Hospice

PERSONAL INTERESTS

Describe briefly your interests / leisure activities:

CURRENT EMPLOYMENT

Present salary: _____ Point on Dept of Health Salary Scale: _____

If offered the position, what period notice does your present employer require: _____

