

# **Application Form**

# Nurse (Part-time) / Relief

# Ard Chúram Day Care Centre / Ard Chúram Fuchsia Centre

Prior to completing this application form, please read the Job Specification as it contains information regarding the requirements of the post. The Job Specification is not intended to be an exhaustive list of duties and responsibilities for the post and may be reviewed to reflect the needs of the service. All previous employers may be contacted for reference purposes

Please complete in block letters or type.

#### **PERSONAL DETAILS**

Surname:	Forenames:	Forenames:		
Address:				
E-Mail Address:				
Telephone Number:	Mohile Numher			

## 2. EDUCATION

Schools Attended	From	То	Examinations passed	Subjects taken

College/University attended	From	То	Course taken	Certificates, Diplomas, Degrees, etc obtained (State class)

Please note: candidates who have obtained qualifications outside of the Republic of Ireland will need to have those qualifications validated by the relevant body.

Details of Further Training/Post Graduate or Correspondence Courses taken.			
Details of any other Training Co	urses undertaker		
Details of any other Training Co	urses undertaker	1	
3. EMPLOYMENT DETAILS			
3. EIVIPLUTIVIENT DETAILS			
(Starting with your most recent/		ent please give details of all previous e	mployment
(Starting with your most recent/ Attach an additional sheet if nec Name and	essary)  Dates	Position Held/Duties and	mployment
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(Starting with your most recent/ Attach an additional sheet if nec Name and	essary)  Dates	Position Held/Duties and	mployment
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(Starting with your most recent/ Attach an additional sheet if nec Name and	Dates Employed	Position Held/Duties and	mployment

Name and address of employer	Dates Employed	Position Held/Duties and responsibilities
	From/To	
Particulars of Present Post:		
Specify how many days not	ice required:	
4. RECREATION & SPECIA		
Brief details of what you en	joy most in your leisu	ure time. Indicate any special achievements.

## **5. SUITABILITY FOR THE POST**

	Please use this space to demonstrate your experience of working as a Nurse, your experience of working with older people / people with dementia and working as part of/leading a team.				
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<b>6. ADDITIONAL INFORMATION</b> Please use this space to add any further information in support of your application and to highlight your understanding of the role of day care services in supporting older people.				
_	the names, full addres	sses and telephone numbers of three referees whom we may most recent employers.		
We will ask	candidates permission	n before approaching referees.		
	yer will seek reference an offer of employme	es <b>before</b> making any offer of employment, although this in no way ent will follow.		
Name	Address	Tel No		
1.				
		<del>-</del>		
knowledge. subsequent	. I understand that my	en on this application form is true and complete to the best of my application can be rejected or any offer of employment made or terminated in the event that I have made any false statement or tion.		
Signature: _		Date:		

PLEASE ENSURE YOU SIGN AND DATE THE APPLICATION FORM AS FAILURE TO DO SO WILL RENDER YOUR APPLICATION INVALID.

Applications (2 copies) accepted in hard copy only. Please submit, marked 'Nurse Manager, Ard Chúram Day Care Centre POST' to: Ard Chúram, Greenville, Listowel, Co. Kerry

FOR OFFICE USE ONLY	Closing date:	Friday 19 <sup>th</sup> May 2023
Date Application form received:		

Late applications will not be accepted. Please do not submit CVs.





