

Please print this form in A4 size.



Please place here a recently taken 2"x2" colored photograph/white background, with white open neck shirt with collar (for males), and white open neck blouse with collar, with hair tied up in a bun (for females).

Curriculum Vitae

Applicant Details:

| | |
|--|--|
| Position Applied for | Staff Nurse |
| Position Reference No.: (Office Use only) | Ref: 2016066 |
| Personal Details: | |
| Title: Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> | |
| First Name: | |
| Last Name: | |
| Address: | |
| Nationally: | |
| Passport Number: | |
| Mobile Telephone (mandatory): | |
| E-mail Address (mandatory): | |
| PPS Number if applicable: | Please write 'N/A', if you have not lived in Ireland previously. |
| IELTS / OET: | Please enter the date you have undertaken the OET or IELTS. Please also indicate your score in each individual category, together with the total for IELTS and please indicate your OET scores alphabetically. |
| NMBI Pin Number and Expiry Date if applicable or the date you have created your NMBI account: | Precise date on which you created your account on the NMBI portal: Awaiting Decision Letter: Date Decision Letter issued: |

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Candidate Name: Please do not forget to put your name on each page.

Candidate Reference No: There is no need to put a reference no. on any page

EDUCATIONAL ACHIEVEMENTS

Please include second level and third level educational achievements:

| Dates From / To | Educational Institution | Conferring Body | Course of Study | Qualification Achieved / | Grades Achieved / |
|-----------------------|-------------------------|--------------------------------|--------------------------------|--------------------------|-------------------|
| June 2011– April 2015 | ABC University Colleges | Commission on Higher Education | Bachelor of Science in Nursing | Diploma in Nursing | Pass |
| June 2007– March 2011 | EF High School | Department of Education | Secondary Education | High School Diploma | Pass |

Note:

The above information is provided as a **SAMPLE ONLY**.

Below are the guidelines to complete this section.

1. The period of your attendance must only be focused on your Secondary Education and Tertiary Education, the Tertiary Education being first listed. There is no need to enter any details relating to your Elementary Education.
2. **Conferring Body:** This is the organization which issued the Diploma, for example, in the case of your College Diploma, the Commission on Higher Education ('CHED') and not the University which you actually attended. In the case of your High School Diploma, the conferring body will be the Department of Education.
3. **Course of Study:** Please place here the academic courses you have undertaken, for example, Bachelor of Science in Nursing and Secondary Education.
4. **Qualification Achieved:** Please put all qualifications you have achieved in this section. For example, Diploma in Nursing and High School Diploma.
5. **Grades Achieved:** Please put "PASS".
6. Please put here all of the schools or University which you have attended.

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Please do not forget to put your name on each page.

There is no need to put a reference no. on any page.

Candidate Name: _____

Candidate Reference No: _____

Detailed Career History – listing the most recent first

| From (00/00/ 0000) | To (00/00/ 0000) | Employer | Title of Post | Main Roles and Responsibilities |
|--------------------------|------------------------|--|---|--|
| 25 March 2016 | Present | WXYZ Hospital (Brgy. 143, Maligaya Street) | Staff Nurse – Regular Position Medical/Surgical Ward | <p>You need to provide a listing of your actual duties and responsibilities. Do not just paste a copy of your long-form hospital job description.</p> <p>Please clearly state the number of DOH authorized beds.</p> |
| 24 September 2015 | 24 March 2016 | WXYZ Hospital | Staff Nurse- Probationary Medical/Surgical Ward | <p>You need to provide a listing of your actual duties and responsibilities. Do not just paste a copy of your long-form hospital job description.</p> <p>Please clearly state the number of DOH authorized beds.</p> |

Note:

1. The dates of each of your employment experiences must be stated in a Day/Month/Year to Day/Month/Year format.
2. Please put a description of the hospitals you have worked in indicating the number of DOH authorized beds, the DOH rated level of the hospital and indicate accreditation if any, such as JCAHO or ISO certification.
3. This section includes both nursing and non-nursing jobs, arranged in chronological order, with the most recent job being listed first.
4. Please explain any employment gaps that exist, as you have done on your Chesham Word-formatted LHG resume.
5. Please provide the detailed names and addresses of your employers.
6. Please state the nature of the service if it is not obvious and your specific unit/ward.

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| | | | |
|------------------------|---|--------------------------------|--|
| Candidate Name: | Please do not forget to put your name on each page. | Candidate Reference No: | There is no need to put a reference no. on any page. |
|------------------------|---|--------------------------------|--|

Declaration: “I declare that to the best of my knowledge and belief there is nothing in relation to my conduct, character or personal background of any nature that would adversely affect the position of trust in which I would be placed by virtue of my appointment to this position. I hereby confirm my irrevocable consent to the Health Service Executive to the making of such enquiries, as the Health Service Executive deems necessary in respect of my suitability for the post in respect of which this application is made.

I hereby accept and confirm the entitlement of the Health Service Executive to reject my application or terminate my employment (in the event of a contract of employment having been entered into) if I have omitted to furnish the Health Service Executive with any information relevant to my application or to my continued employment with the Health Service Executive or where I have made any false statement or misrepresentation relevant to this application or my continuing employment with the Health Service Executive.

Furthermore, I hereby declare that all the particulars furnished in connection with this application are true, and that I am aware of the qualifications and particulars for this position. I understand that I may be required to submit documentary evidence in support of any particulars given by me on my CV. I understand that any false or misleading information submitted by me will render me liable to automatic disqualification or render me liable to dismissal, if employed.”

| | | | | |
|------------------|--|----------------------------|----------------|--|
| Signed: _ | Please print your name in BLOCK letters. There is no need to sign. | <i>(Name of Applicant)</i> | Date: _ | Put the date on which you are filling out the application. |
|------------------|--|----------------------------|----------------|--|

If you are submitting your application form via email we will accept the application form unsigned but you will be required to sign the Declaration at interview should you be invited to one

Applicant Checklist –

- Postal Address
- Mobile Telephone Number
- Email Address
- NMBI Registration (when awarded)
- Work Visa/Permit/Authorization (if applicable)
- PPS Number if applicable
- Passport Number
- IELTS Overall Band Score

If all required details / documentation (as above) are not submitted with your CV you may not be called to interview.