



Leopardstown Park Hospital
Foxrock, Dublin 18

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Leopardstown Park Hospital Application Form

**Please complete this form in detail, even if accompanied by a CV.
Please ensure the Garda Enquiry section is manually signed and returned with the original signature.
Completed applications should be sent to the HR Department, Leopardstown Park Hospital, Foxrock, Dublin 18.**

Position Applied For:

Personal Details:

Full name:

Previous Names:
(Validation Purposes)

Address for correspondence:

Contact Telephone number:

Alternative contact number:

E-mail Address:

Do you wish to be contacted by e-mail?

Where did you see this position advertised?

Drivers Licence (Please state type and category) _____

Do you require a work permit/visa to work in Ireland? _____

If yes, what type of work permit/visa do you require? _____

Do you currently hold a work permit/visa? _____

If yes, please state start and end date of current work permit/visa: _____

Please give current professional registration number & title of register if appropriate _____

Educational Achievements

(Please include second level and third level educational achievements)

Date	Educational Institution	Conferring Body	Course of Study	Qualification Achieved	Grades Achieved

Summary Career History

Dates Employed	Organisation	Job Title

Detailed Career History

Dates	Employer	Title of Post	Main Roles and Responsibilities

Additional Information:

References:

Please give a minimum of 3 referees. We retain the right to contact all previous employers.

Do you wish us to contact you prior to contacting your referees? _____

1. Name of Referee: _____

Professional Relationship to candidate: _____

Address: _____

Contact Details: _____

Email Address: _____

2. Name of Referee: _____

Professional Relationship to candidate: _____

Address: _____

Contact Details: _____

Email Address: _____

3. Name of Referee: _____

Professional Relationship to candidate: _____

Address: _____

Contact Details: _____

Email Address: _____

General Declaration

It is important that you read this Declaration carefully and then sign:

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 Leopardstown Park Hospital to the making of such enquiries, as Leopardstown

Park Hospital 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 Leopardstown Park Hospital 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 Leopardstown park Hospital with any information relevant to my application or to my continued employment with Leopardstown Park Hospital or where I have made any false statement or misrepresentation relevant to this application or my continuing employment with Leopardstown Park Hospital.

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 Application Form. 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.”

Failure to sign application will render it invalid

Signed:

Date:

Name of Applicant: