

GALWAY HOSPICE FOUNDATION APPLICATION FORM



RF-GHF-64
Rev6 Issued 31/08/20

THE INFORMATION YOU PROVIDE WILL BE TREATED IN CONFIDENCE

Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a CV / Résumé / additional information to this form. Feel free to use reverse of document if needed.

Position applied for:
(please submit separate form for each post applied for)

LOCATION	GALWAY [] MAYO []

Name & Surname:	Address:
Mobile No.:	
Work Tel. No.:	
E-mail:	
Notice Period required	

Are you legally eligible to work and remain in Ireland (i.e. no Visa / Permit restrictions)? Yes [] No []

Have you ever been convicted of a criminal offence in any country? Yes [] No []

Are you willing to submit to a background check? Yes [] No []

Are you or have you ever been, the subject of any Garda Investigation and/or prosecution, or of any investigation by any Health / Social Care Regulatory Body? Yes [] No []

If answer yes to any of the above, please give details:

Employment History (please use additional pages if required):

Dates employed From / To	Name & Address of Employer and title of person you reported to	You Job Title & Brief Summary of Duties	Reason for Leaving

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Education: (Qualifications obtained from Schools, Colleges and Universities. Please list highest qualification first)

School / College Attended	From / To	Qualification Level	Awarding Body

Professional Registration (e.g. Irish Medical Council, CORU, NMBI, etc.):

Registering Body	Registration No.	Registration Date

Training and Development (please use additional pages if required):

If applicable, please give details of any training and development courses or non-qualifications courses which support your application. Include any on the job training as well as formal courses

References (current/previous employer(s) or persons to whom you are known but not related):

Name:			
Job Title:			
Address:			
Contact Tel. No.:			
E-mail Address:			
Permission to contact:	Yes [] No []	Yes [] No []	Yes [] No []

Please ensure you have sought the consent of the above named as they will be contacted directly.

Any additional information for consideration in support of your application? (please use additional pages if required)

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Obligations Placed on Candidates Participating in the Recruitment Process

- Any canvassing by or on behalf of candidates shall result in disqualification and exclusion from the recruitment process.
- Candidates shall not:
 - knowingly or recklessly make a false or a misleading application
 - knowingly or recklessly provide false information or documentation
 - canvass any person with or without inducements
 - impersonate a candidate at any stage of the process
 - knowingly or maliciously obstruct or interfere with the recruitment process
 - knowingly and without lawful authority take any action that could result in the compromising of any test material or of any evaluation of it
 - interfere with or compromise the process in any way

Any person who contravenes the above provisions, or who assists another person in contravening the above provisions, shall be guilty of an offence and it is the policy of the Galway Hospice Foundation to report any such above contraventions to the appropriate authority.

General Declaration

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

"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 Galway Hospice Foundation to the making of such enquiries, as the Foundation 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 Galway Hospice Foundation 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 any information relevant to my application or to my continued employment or where I have made any false statement or misrepresentation relevant to this application or my continuing employment with the Galway Hospice Foundation.

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."

Signed: _____ Date: _____

Failure to sign this application will render it invalid

Note – ALL APPLICANTS:

Garda vetting is required for all positions. Where a person found guilty of an offence was / is a candidate at a recruitment / selection process, and has not been appointed to a post, they shall be disqualified as a candidate; and where they have been appointed as a result of that process, they shall forfeit that appointment

Successful applicants will be required to complete a detailed medical questionnaire and be required to attend a medical examination prior to being appointed. Where applicable, verification of qualification is required and you will be required to provide consent for verification of same

Note – CLINICAL/MEDICAL APPLICANTS:

Hepatitis B immunization is required. Successful applicants will be required to attend a medical examination prior to being appointed, where immunisation / booster requirements are identified.