

# Unity Healthcare Services Form

TITLE OF ROLE:

## PERSONAL DETAILS (BLOCK CAPITALS PLEASE)

NAME:

Contact Address:

Telephone Number:

E-mail address:

To be considered for interview, when correctly completed, this form **must not** contain any gaps in your educational/employment history from date of school completion to the present date.

## PRESENT EMPLOYMENT

Name, Address and Telephone number of Employer	Title of Role	Main responsibilities:
	From:	
	To:	
	Current Salary:	

## PREVIOUS EMPLOYMENT

Name, Address and Telephone number of Employer	Title of Role	Main responsibilities:
	From:	
	To:	

Name, Address and Telephone number of Employer	Title of Role:	Main responsibilities:
	From:	
	To:	
Name, Address and Telephone number of Employer	Title of Role:	Main responsibilities:
	From:	
	To:	
Name, Address and Telephone number of Employer	Title of Role:	Main responsibilities:
	From:	
	To:	

To include information about any additional employment/work experience, please complete below or attach additional information to your application. Please explain any gaps that may exist in your career/educational history:

**FURTHER CAREER/EDUCATION HISTORY/EXPLANATION OF GAPS**

## EDUCATION

Schools	From	To	Examinations and results
College / University	From	To	Courses and results
Further education and formal training	From	To	Courses and results
Professional membership and qualifications:			

## INTERESTS AND ACHIEVEMENTS

Please provide details of any interests and/or achievements which you have:



## REFERENCES

Names and addresses of three referees:

Name:

Organisation:

Relationship to you:

Address:

Tel No:

E-mail:

Name:

Organisation:

Relationship to you:

Address:

Tel No:

E-mail:

Name:

Organisation:

Relationship to you:

Address:

Tel No:

E-mail:

Please indicate if we may contact them prior to interview: YES/NO (please circle)



## ADDITIONAL INFORMATION

Where did you see this vacancy advertised? (please circle/highlight)	Official Website  Facebook  LinkedIn  Other (please specify): _____
Do you have a valid, clean driving license?	Yes / No (please circle)
If yes, what type of license:	Full / Provisional (please circle)
Eligibility to work Before you can work with Unity Healthcare Services will need to verify and take a copy of your original ID documentation as evidence of your right to work in Republic of Ireland in accordance with Home Office, guidance on the prevention of illegal working. Do you have permission to work in the Ireland? Yes / No (please circle)	
Have you applied for a position with Unity Healthcare Services before? Yes / No (please circle) If Yes, position applied for and date of application:	

Are you available to work full-time \_\_\_\_\_ part-time \_\_\_\_\_ full/part-time \_\_\_\_\_ (Y/N)?

How many hours can you work weekly (approx.)? \_\_\_\_\_

Days/hours available to work (tick all that apply):

No Pref	_____	Thur	_____
Mon	_____	Fri	_____
Tue	_____	Sat	_____
Wed	_____	Sun	_____

How much notice do you have to give your employer? \_\_\_\_\_

## DECLARATION

I declare that the information given is true and correct. I give my consent to my referees being contacted as indicated.

Name ..... Signed ..... Date .....

**Please note that once all the paperwork is verified and complete, 350 is due to proceed to the next stage.**

