

APPLICATION FORM

Position Applied For: Podiatrist (Senior Grade)

Closing Date: 13 May 2019

Personal Details:

First Name:		Surname:	
Previous Names: (Validation Purposes)			
Address for Correspondence:			
Contact Tel No1:		Contact Tel No2:	
Email Address:	<i>Do you wish to be contacted by e-mail (Y <input type="checkbox"/> /N <input type="checkbox"/>)</i>		
Please give current professional registration no:			
Title of register if appropriate:			
Where did you see this position advertised?			
PPS Number (if applicable):			
Do you hold a full Irish Driving Licence (Class B) or equivalent? (nb. own car required for each post)	Y <input type="checkbox"/> /N <input type="checkbox"/>		

Educational Achievements

Date	Educational Institution	Conferring Body	Course of Study	Qualification	Grades Achieved

Detailed Career History

Dates	Employer	Title of Post	Main Roles and Responsibilities

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Additional Information

References

Please give a minimum of two referees (including your current employer). Diabetes Ireland retain the right to contact all previous employers.

Do you wish us to contact you prior to contacting your referees? Yes No

Reference 1:

Name of Referee:	
Professional Relationship to candidate:	
Contact Details:	
Email Address:	

Reference 2:

Name of Referee:	
Professional Relationship to candidate:	
Contact Details:	
Email Address:	

General Declaration

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

Name:

Post applied for:

Senior Podiatrist (Louth)

Part 1

Obligations Placed on Candidates who Participate in this Recruitment Process

Obligations are:

- 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
 - personate 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

Part 2

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

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:

Completed applications to Gillian Reynolds, Diabetes Ireland, 19 Northwood House, Northwood Business Campus, Santry, Dublin 9; email: gillian.reynolds@diabetes.ie no later than 5pm on 13 May 2019.