Bbbbbbbbb

|  |
| --- |
| **Application Form – Senior Registrar Psychiatry HSE West and North West** |
|  |

* Incomplete or late applications will not be considered for the post
* CLOSING DATE FOR APPLICATIONS Thursday 16th October 2025 @ 5pm
* All applications submitted must be typed
* Please insert Campaign Reference Number WNW016 in the subject of your email

|  |
| --- |
| **SECTION 1 – Personal Details (as used on Medical Council Documents)***The completion of all fields in this section is mandatory.* |
| Surname: |  |
| First name: |  |
| Date of Birth: |  |
| Address for Correspondence: |  |
| Home Telephone number: |  |
| Mobile Telephone number:  |  |
| E-mail Address: |  |
| PPS Number : |  |
| Do you require a work permit to work in Ireland? |  |
| Do you hold a Garda National Immigration Bureau card? If yes, please state the stamp number on your Garda National Immigration Bureau card and expiry date | Yes NoExpiry date of GNIB card :  |
| Please state start and end date of permit/visa | Start : End:  |
| **MRCPsych Exams or equivalent**  | Yes No |
| Do you hold a current driving license  | Yes No |
| **SECTION B – Irish Medical Council Registration**The completion of this section is mandatory |
| Name in which you are registered: |  |
| Please indicate the type of Irish Medical Council Registration that you have :  | Internship Registration  Trainee Specialist Registration General Registration  |
| Please state IMC registration number : |  |
| Expiry date of IMC registration: |  |

|  |
| --- |
| **SECTION C – Education** |
| Medical School / University :City / Country : Primary Medical Qualification :Honours Degree : Yes / No  | Date of Graduation :(only list exams passed)  |
| Higher Qualification / Degree / Diploma Completed  | Awarding Body | Date of Qualification(DD/MM/YY) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Postgraduate Exams |

|  |  |  |
| --- | --- | --- |
| Exams Undertaken | Grade Achieved | Date (DD/MM/YY) |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| Postgraduate Courses |
| Courses Completed , e.g. ACLS/ATLS, Children First, Manual Handling | Location of Course | Dates  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **SECTION D – Employment History****Begin with your current or most recent job and list all previous jobs in reverse chronological order. Please include any gaps in your employment history in this section.**  |
| **Hospital****(if overseas, please state the country)** | **Grade**  | **Specialty** | **Dates : (from – to)** | **Months in post**  |
| EXAMPLE: XX HOSPITAL, TOWN/CITY, COUNTRY | SHO | MEDICINE  | 01/01/15 – 30/06/15 | XXX MONTHS |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **Section E – Experience relevant to the Role**In a summary of no more than 200 words, can you indicate why you wish to work in psychiatry as SHO/Registrar? Please outline your relevant experience which would prepare you for a post in psychiatry. |
|  |

|  |
| --- |
| **SECTION F – Academic Distinctions (prizes, medals or scholarships)****Describe (briefly) the terms of any prizes or honours awarded.** |
| Undergraduate: |
| Postgraduate: |

|  |
| --- |
| S**ECTION G – Research / Presentations / Publications / Audit****Please provide details including numbers, subject and date** |
|  |
| **SECTION H – Additional Information****Use the space below to highlight any non-academic achievements which you consider significant or include any additional relevant information**  |
|  |

|  |
| --- |
| **SECTION I – References*** We require names and contact details of three referees from recent clinical appointments
* One reference must be from your current or most recent employer
* Any offer of a post is subject to satisfactory references
 |
| Full Name | Job Title | Hospital and Address | Phone Number / Email address  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |