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| **Application Form – Non Consultant Hospital Doctor Posts in Psychiatry** |

* Incomplete, handwritten 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 WNW015 in the subject of your email

Please rank location in order of preference for the posts you are applying for: 1 – 1st preference

2 – 2nd preference

3– 3rd preference

SHO GAP\* Galway Registrar GAP Galway

SHO GAP Ballinasloe Registrar GAP Ballinasloe

SHO GAP Roscommon Registrar GAP Roscommon

SHO GAP Mayo Registrar GAP Mayo

SHO CAMHS\*\* Galway Registrar CAMHS Galway

SHO CAMHS Mayo Registrar CAMHS Mayo

SHO CAMHS Roscommon Registrar CAMHS Roscommon

\*GAP: General Psychiatry & Specialities \*\*CAMHS: Child & Adolescent Mental Health Service

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| **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 No  Expiry date of GNIB card : |
| Please state start and end date of permit/visa | Start : End: |
| 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: |  |

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| **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) |
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| Postgraduate Exams | | |

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| Exams Undertaken | Grade Achieved | Date (DD/MM/YY) |
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| Postgraduate Courses | | | | | | |
| Courses Completed , e.g. ACLS/ATLS, Children First, Manual Handling | | Location of Course | | | Dates | |
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| **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 |
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| **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. |
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| **SECTION F – Academic Distinctions (prizes, medals or scholarships)**  **Describe (briefly) the terms of any prizes or honours awarded.** |
| Undergraduate: |
| Postgraduate: |

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