



**The Adelaide Hospital Society
Adelaide & Meath Hospital
Tallaght, Dublin 24**

TELEPHONE NOS. 4142069/4142072
FAX NO. 4142070

STUDENT NURSE APPLICATION FORM

Please read explanatory notes on back page

PASSPORT PHOTOGRAPH

Glue
Photo
Here

NOTE

The latest date for receipt of completed application forms is
noon on Friday 7th April, 2006.

Please note that applications received after the closing date
will not be accepted.

Completed application forms will not be accepted by Fax.

CAO Number: _____

Nationality: _____

If not an Irish citizen
please give status: _____

Please refer to the Trinity College prospectus 2006 p.17

Note: Use dark ink or typewriter to complete the questions.

SURNAME: _____ MAIDEN NAME: _____
(for Reference Purposes Only)

FORENAMES: _____

DATE OF BIRTH: _____ RELIGIOUS DENOMINATION: _____

ADDRESS FOR CORRESPONDENCE: _____

TELEPHONE: HOME _____

EMAIL ADDRESS _____ MOBILE _____

NEXT OF KIN — NAME: _____ RELATIONSHIP: _____
(in case of emergency)

ADDRESS: _____

TELEPHONE: HOME _____

EMAIL ADDRESS _____ MOBILE _____

NAMES AND ADDRESSES OF SCHOOLS ATTENDED	FROM:	TO:

This application form together with references should be returned to the Director, Adelaide Hospital Society, Adelaide & Meath Hospital, Tallaght, Dublin 24, IN THE ENCLOSED ENVELOPE.

Please note that these will be kept on file in the Society's office only until December 2006 when defunct forms will be destroyed.

DO NOT STAPLE EXTRA SHEETS - JUST ENCLOSE

PREVIOUS EMPLOYMENT OR WORK EXPERIENCE: (please enclose fuller information on a separate typed A4 sheet if applicable)

DATES		ADDRESS	PARTICULARS
FROM	TO		

OTHER ACHIEVEMENTS OR POSITIONS OF RESPONSIBILITY:

INTERESTS/HOBBIES (please specify the principal interests or hobbies which you **currently** have):

RELEVANT CARING EXPERIENCES: Please give full details of any work experience particularly relating to any caring/nursing experiences (voluntary or paid) and also voluntary organisations in which you have participated (you may attach fuller information on an A4 typed page if necessary).

SECOND LEVEL SCHOOL RESULTS i.e. Junior Certificate, Leaving Certificate if completed, other school or state examinations:
 please give details of all certificate or equivalent courses followed

SUBJECT:	LEVEL:	GRADE:

SECOND LEVEL SCHOOL RESULTS ACHIEVED (i.e. 'Mock' Examinations) or **PREDICTED GRADE** in 2006 (awaiting results):

SUBJECT:	LEVEL: (specify type of school certificate undertaken)	GRADE:

AGE ON LEAVING SCHOOL: _____

REFERENCES [Please see explanatory notes on back Page](#)

MATURE APPLICANTS:

COURSES OF STUDY UNDERTAKEN SINCE SECOND LEVEL SCHOOLING WITH DATES (please give details if applicable)

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GIVE A SHORT OUTLINE OF YOUR REASONS FOR APPLYING FOR STUDENT NURSE EDUCATION AT THE ADELAIDE SCHOOL OF NURSING:

Note: Applicants are advised to obtain information concerning the Christian ethos and multi-denominational and pluralist character of The Adelaide & Meath Hospital, Dublin, Incorporating the National Children's Hospital by reading the brochure on The Adelaide School of Nursing enclosed from the Adelaide Hospital Society. Your reasons should relate to your understanding of the Hospital as well as indicating any other reasons you have for applying to The Adelaide School of Nursing. (You may enclose a further A4 typed page if required)

BURSARIES:

(please read Note 4 in the Explanatory Notes) If you wish to receive a Bursary Application Form from the Adelaide Hospital Society should you be called for interview please tick here

I, THE UNDERSIGNED, HEREBY APPLY TO BE RECEIVED AS A STUDENT NURSE AT THE ADELAIDE SCHOOL OF NURSING AND IF ACCEPTED, I WILL, IN ALL RESPECTS CONFORM TO THE RULES AND REGULATIONS OF THE HOSPITAL. I DECLARE THE ABOVE WRITTEN ANSWERS TO BE CORRECT.

SIGNATURE: _____

THE _____ DAY OF _____ 20_____

PLEASE NOTE THAT SUBMISSION OF THIS FORM DOES NOT GUARANTEE AN INTERVIEW